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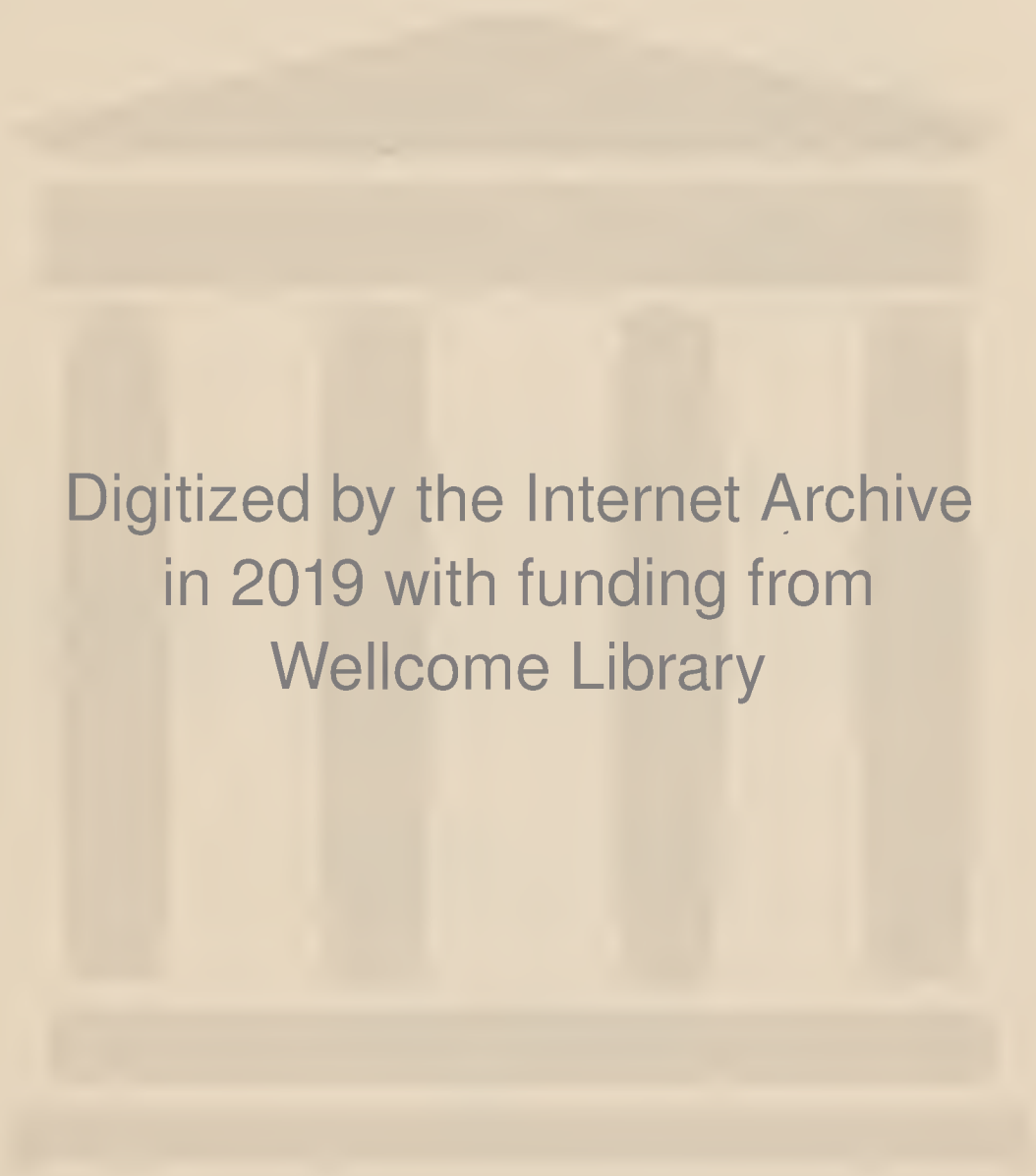
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THE

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MONTHLY JOURNAL,

AND

REVIEW.

EDITED BY

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Quærere Verum. HORACE.

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PART I.

ORIGINAL COMMUNICATIONS.

I.

Of Madeira, its Visitors, its Climate, and its Diseases. By C. Heineken, M.D.

Although the period of my residence and opportunities for judging have been limited — and after making due allowance for that equally frequent, but not more pardonable source of regret to the Physician and patient as well as to the moralist,

> ——— "video meliora, proboque,
> Deteriora sequor,"

still I incline to think, that not a few of my professional brethren in England advise, and many fellow-sufferers undertake, a voyage hither under very erroneous impressions and unfavourable circumstances of disease. Should the few desultory remarks which I may offer (with the qualifying plea of the apathy and disinclination of an invalid, in behalf of their want of perspicuity and systematic arrangement,) fail in conveying this conviction to the minds of others, I have only to beg that the failure be attributed to the advocate and not to the cause; and to hope that they may, at least, be the means of inducing some one, more competent than I either

profess or pretend to be, to enter more fully and fairly upon a subject of no slight moment to the interests of science (medicine not having yet, I trust, degenerated into a mere art,) and of humanity (if the attempt to prolong life, or smooth the road to death, still merits the term humane).

Of "*Histories of Madeira*" — "geographical" — "graphical" — "meteorological" — nay, even "poetical" — the public have already several — all excellent, no doubt — and far be it from me to add medical, hypochondriacal, or any other *al*, to the collection; or to swell the illustrious list of "*historians*" by the intrusion of my humble name — I have no such ambition. It is equally distant from my views to try the patience of others, or my own slender competency, by entering upon the "twice-told tale" of the origin, nature, &c., of that bane of my native land, which drives even Doctors (the *third* has just arrived within as many years) to this last haven of hope (too often, alas! forlorn), and makes the proudest of us *feel*, though we may not *confess*, that the extent of our knowledge serves only to convince how little we know; and of our vaunted power, how little we can accomplish. One of the most, perhaps the most, minute and accurate of observers and writers on pulmonary affections (Laennec) says not a word respecting their treatment; and if any additional merit can be awarded to him, whose laborious and intricate pathological researches, and (to say the least) ingenious attempts to elucidate the mazes of diagnosis and prognosis, have already earned the legitimate meed of very general fame — it is the modesty with which he tacitly declines touching upon the *methodus medendi;* and, however sweeping the clause and unphilosophical the language, I feel constrained to acknowledge (with fear and trembling, at the anathemas of those who are more sanguine, fortunate, or well-informed), that *consumption*, when it truly deserves and acquires that name, appears to me as *incurable* as *hydrocephalus* when it has become *really* hydrocephalus. That *inflammation* of any kind (not stopping to cavil about its distinctive characters, constitutional, specific, &c. &c.) may attack the *head* and its membranes and cavities — and the *lungs* and theirs — and be subdued, no man in his senses can doubt; that most of its effects may also be totally got rid of, or held in complete abeyance, I willingly admit; but that *water* once effused into the ventricles will ever be absorbed, or that *tubercles* once generated in the lungs can be taken up, pulmonic ulceration healed, and all traces of diseased structure removed, are out of the pale of my belief. Life and limited enjoyment may, it is true, be protracted under either circumstance. The hydrocephalic child of affluence and ease

may, by care and attention, inherit his estate — linger through the life of a gentleman, and possibly take his seat on a bench of country justices — although his Apothecary should discover, after death, that his brain contained a few more drams of fluid than fall to the lot of humanity in general: and the subject of pulmonary lesion may vegetate away an exotic existence, dragging after him a brittle and lengthening chain, which either snaps suddenly under the accidental tread of some careless passer-by, yields gradually to the force of its own extension, or ultimately overwhelms him by its accumulated weight — and the world becomes edified by the fact, or some museum enriched by the specimen, of how small a fraction of respirable lung has been necessary to breathing! — but that the *former* should ever be enabled to exercise the thinking principle further than is requisite to determine the cut of a coat, or the filiation of a child; and that the *latter* should throw off the trappings of effeminating disease, herd again with brother men, inhale with impunity the breezes which nourished his youth, and pour forth the last sigh of old age in the same atmosphere which first expanded his infant chest — are consummations devoutly, but I fear vainly, to be wished for.

Almost every one (there are but few exceptions) who arrives here in what *is termed* the "*incipient stage* of *phthisis,*" (and, compared with those in the more advanced, these are, indeed, "*rari nantes in gurgite vasto,*") brings with him, or forges, a medical dictum — "that he ails little or nothing"— "that the step is merely precautionary" — more, perhaps, "to avoid the gaiety and dissipation of London," than "to breathe the air of Funchal." There is, however, when you come to scrutinize a little, a rider or two tacked to this bill of health — a short teazing cough — a trifling expectoration (which Mr. or Dr. such an one has proved, by acids and the Lord knows what, to be solely mucous) — his pulse mounts with every stair he ascends, and every mouthful of food extends the blush upon his cheek — involuntarily he puts his hand to his side — *another nothing* — "*only* a stitch" — "was subject to it from boyhood" — and this is, perhaps, rather a favourable specimen of one of *our* cases of "*incipient phthisis!*" — this is to be cured by residing *one winter* in *Madeira!* and occurring generally in the young and thoughtless, under the multiplied disadvantages of irregularity in diet, exercise, and mode of living: to such, a protracted sojourn or revisit to "this vile, dull place" would be next to martyrdom — they return to England before summer (when it enjoys such a blessing!) has fairly commenced — autumn soon strips off the flimsy cloak "*incipient*" — "things are

now called by their right name," and an Italian or French sculptor chisels out an "*obiit.*" That this is not an exaggerated or highly-coloured statement, Madeira Practitioners and Continental tomb-stones can testify — one example is now *in progress* before my eyes, and several have occurred within my observation.

The *second class* (for it may be as well to attempt to methodise a little) includes such as arrive under similar circumstances with the former, but avail themselves of every advantage which climate, care, and prudence can offer; and even here a winter's progress towards amendment has generally been very inconsiderable, and few have philosophy enough to be satisfied with the paradoxical assurance, that to remain stationary during *a winter* is a step in advance; and that the distress and inconveniences of the voyage have been amply recompensed by open windows, daily rides, and a genial sun, instead of the domestic comforts of double sashes, baized doors, Merlin's chair, and a smoky fire. When it is candidly stated to them that a residence for some years, or a hibernation for many seasons, affords the only rational prospect of either a complete cure or a state of permanently chronic security, depression and disappointment are the results. "They had been assured that the disease was in its infancy, and that *one winter* in Madeira would effectually remove it." This is found not to be the case; the sea-girt isle possesses no panaceal virtues; the Continent has at all events superior attractions, or home greater comforts, and they seldom trust themselves again on the bosom of the Atlantic.

The *third class* comprises those who, with considerable organic disease (to what extent "God only knows"), *may* probably, with due care and attention, and breathing constantly a mild and temperate atmosphere, protract for some years the contracted span of their earthly pilgrimage.

The *fourth* and last, and by much the most numerous, division, a very few months, and often weeks, transfer to the burial register.

Since the summer of 1821 about thirty-five invalids (I speak from memory, and include those attended by other medical men,) have either reached or sailed for this island. Of this number two or three died on ship-board, and three within a month of their landing; five or six just survived the winter; about an equal number lingered through the spring; and three or four entered upon or passed a second winter. Of the whole number thirteen only, including myself, are now in existence! — two of these were asthmatic, and returned in *statu quo;* two (one still here, the other in England,) had chronic affections of the trachea and larynx; one, phthisis

trachealis (I believe it is now named); he went to Jamaica, and the latest accounts stated him to be dying. One of the *first class* went to the West Indies, and as I have not heard of his death, he is numbered amongst the living; two others of that class also are still here. Of the *second class,* one is in England and worse; another here, and fast approaching his latter end; and a third will not survive six months. I am now the only representative of the *third class;* and those who composed the *fourth* have all disappeared, save and excepting one solitary individual who arrived about two months since, and of whom the most that can be said is, that he is following his predecessors, "*haud* passibus æquis."

So that, if the two cases of asthma, and the two of chronic disease of the trachea and larynx, be excepted, and those are considered to be dead who certainly (Prince Hohenlohe not extending his Christian charity to heretics) cannot be alive three months hence, the survivors of thirty-five (or thereabouts), within the short space of two years and a half, and who, so far from being *cured,* can only make the best of a precarious existence in a high latitude, will be reduced to SIX!

Who, it will be asked, would leave the comforts of home, and tear himself from his native soil and social endearments, with such a prospect? and what advantage can accrue from such a charnel-house exposure? It must only tend to damp hope, harrow up the feelings, and bring what is considered (and justly, too, I have no doubt,) as fine a climate as any under the sun into discredit. It is true that "*plus aloës quam mellis habet;*" but it may prove the more medicinal, and, unless I am sadly deceived, its evident tendency will be advantageous; it will, I think, go far towards establishing the opinion, "*that Physicians too often advise, and pulmonics undertake, a voyage to Madeira under erroneous impressions and unfavourable circumstances;*" and will warrant the conclusions:—

That a person with the *slightest inclination* towards consumption cannot seek a change of climate too early.

That the residence of a few winter months will avail but little.

That years, or, at all events, winters, are necessary towards recovery or security.

That climate, unassisted by care and prudence, will be insufficient.

That a suppression of symptoms for a time is not to be trusted to—"*lateat scintilla.*"

That "incipient" is a frequent misnomer for "confirmed."

That those in the *more advanced* stages of disease are not

to expect *a cure*, but only a *palliative*, and that, too, under the strictest precautions, and *as long only* as they breathe a bland and temperate air — an anchylosed joint is a happy termination of a white swelling, but it is *no cure*.

And, finally, that it is worse than useless to drag from the bosom of their families, and expose to the privations and sufferings of a voyage, those to whom it holds out no other rational prospect than that of seeking a death-bed amongst strangers, and reposing their bones in a foreign land.

The difficulty of persuading others, or convincing oneself, of the necessity for attacking this insidious disease *in limine*, is, I know from bitter experience, great — the objections to a voluntary banishment, even for a given period, natural — and the endeavours to palliate and procrastinate, such as all are inclined to make — the regret, also, at not having decided sooner, and the fond hope that it may yet be in time, are feelings for which every allowance ought to be made; but surely, upon a common pound, shilling, and pence calculation, health has a certain intrinsic value, and is therefore worth a certain purchase or sacrifice in procuring or preserving; and as the man of business would not hesitate doing so for gain — the softer sex, for fashion — or the votary of dissipation, for pleasure — what vast objection can they find to an annual emigration in search of that blessing, without which neither wealth, fashion, nor pleasure, are of any avail? — and would not a permanent residence, at a distance from the land of their birth and the friends of their choice, be enviable, with even *its partial possession?* In the language of experience and gratitude, I answer that it would. In all the affairs of life, half measures must prove prejudicial in the end, and cannot, even for a season, produce any very decided advantage or gratification. We condemn and abhor a determined villain; a petty rogue is despised; and the man of mixed character, without resolution enough to do a deed of daring, but of too lax morals and yielding a temperament to avoid that which is wrong, is pitied and spurned — the crime and the punishment are, in the eyes of the world, the same; but the spirit which prompted the act far different, and the results which might have occurred very opposite. To illness the same rule will more forcibly apply; and he will be admitted by all to possess stronger nerves, and, by me unhesitatingly, a firmer mind, who chooses what is vulgarly called a "short life and a merry one," than the milk-and-water valetudinarian, who, unable to enjoy any one luxury, pleasure, or gratification, cannot resolutely withhold his lip from the cup, but must indulge in mawkish unsubstantial sips, "resolve and re-resolve, then die the same." Nay, I almost

question whether he is more a self-murderer who boldly puts the pistol to his head, and, at least, dies like a gentleman, than he who commits this jejune suicide by inches, and perishes like a driveller. Self-preservation seems to be the first and most abiding law of Nature; and so uncongenial is the idea of dying, that I do not believe the being has yet existed who, in the calm moments of thought and the full exercise of his mental energies, uninfluenced by fanaticism, enthusiasm, or despair, would daringly thrust himself into the presence of the grim tyrant uninvited, or hail his approach as that of a long-looked-for and anxiously expected friend. That many make a virtue of necessity is true and pardonable; and when a nauseous dose is to be swallowed, it is childish and ridiculous to make wry faces; but such a *lusus naturæ* is to me inconceivable, as the man who, having had his fill of the good things of this world, rises from the table *à conviva satur* — the devotee, so persuaded of his own virtues, as joyfully to exchange the realities of this life for the promised bliss of a future — or the victim of hopeless disease and pain thankfully to shake off the tattered and tormenting shreds of mortality, and go — he knows not whither! With such impressions, to prolong life, under any circumstances, must be desirable; and should it add but one short year to the term of existence, a voyage to this or some equally favoured spot would be worth undertaking: should that year be multiplied to several, and those several extended to many, he must be discontented and ungrateful indeed, who is not sincerely thankful and abundantly satisfied; and although, like myself, he may have seen the participators in his care, and the sharers in his ill-health, dropping one by one around him — conscious that he himself is standing on the brink of a precipice, or the verge of a descent, which may as surely, though less precipitously, convey him to eternity, he will consider that he has already won the stake for which he adventured, that every subsequent lucky throw is a favour out of Fortune's lap; and as he has hitherto found that tide flowing to his advantage which has swept away his neighbours, he will still hope to the last, "*Eh mihi forsan, tibi quod negaret, porriget hora!*"

That the climate of Madeira is the best certainly within this hemisphere, I take for granted; but I am *more than doubtful* as to the *season* which is most beneficial in pulmonary disease. I have myself hitherto always progressed during the summer, and (in an inferior ratio, fortunately) retrograded during the winter. Could I enjoy for a few years a perpetual Madeira summer, I should sanguinely anticipate the most beneficial effects; and if it could be accomplished

with convenience, or rather without very detrimental sacrifice, I would try myself, and strongly recommend to others, the experiment of spending their summers here, and winters in the most temperate and healthy of the West India islands. To a person in health we have no winter; but there is one, although mild, to the invalid, and the utmost he ought to expect is to be no worse at its termination than he was at its commencement; in lieu of which, he has been led to suppose that this is the season for his re-establishment, and that to brave the summer would be next to insanity.

In speaking of himself, every one must be egoistical — I have already been sufficiently so; but as example is far before precept, I may add, that during the *summer* I visited every part within a day's ride to the east, west, and centre of the island — was frequently on a mule from four to eight hours daily — ate freely of animal food — drank moderately of beer — ascended to heights of from three to nearly six thousand feet above the level of the sea, and took many other almost imprudent liberties, not only without suffering, but with *manifest improvement* and *advantage*. I gained flesh and strength — had very little cough — felt a general buoyancy and elasticity, to which I had long been a stranger — expectorated a mere apology for an increased mucous secretion during the night, upon first awaking, and possessed a freedom and expansive power in the chest and lungs, which had long been wanting. I am now in winter quarters — the cough and expectoration have increased — the sensation of *hæret lateri* has returned — there is a want of tone in the whole system — it is now necessary to attend to dietetics — like a hibernating animal, I am living upon my own resources — but, Heaven granting that I vegetate on for a few months, without too great an exhaustion of sap and stamina, the returning summer will lure me forth into my butterfly existence, and I shall then be assiduous in laying up a good stock for winter consumption.

During a sirocco, which never occurs more than twice or thrice annually, and then only for three days, the thermometer will sometimes exceed 90° in the shade; at other periods it rarely ranges above 80°; and in consequence of the great uniformity of temperature, the purity (if there are relative degrees) and lightness of the atmosphere, the absence of all smoke and dust, and the never-failing land or sea breezes, the heat is never so oppressive here as in England — close sultry days are almost unknown — a fog never occurs.

The *summer* generally commences in June, and continues without interruption until the end of September, with an almost constant prevalence of north-easterly winds — the

fag-end of the trades, and as similar to English north-easters as Zephyrus to Boreas. Late in September, or early in October, we look for the autumnal rains, which come from the west and south-west, and terminate, in the course of November, in clear, mild, open weather (our *second* or St. Martinho's summer). This usually lasts until Christmas. North-west winds, with snow upon the summits of the mountains, and rain in the town, continue more or less throughout January and February; and it is then, and only then, that the weather is at all winterly. There is a raw dampness and chilliness at this time, which reminds you, morning and evening, that a small snug fire would not be amiss, just to look at occasionally: it does not amount to cold; indeed, the thermometer at sun-rise never falls lower than 50°, but it precisely meets the term "uncomfortable;" it does not confine you to the house, but it makes you prefer it four days out of fourteen. One winter with the other, the average number of days in each on which I have been prevented by weather from attending to professional avocations or taking a ride, would probably equal ten or fifteen. March is more or less a windy month, and April and May showery; so much so, that "*Março ventoso, e Abrilo chovoso, fazem hum anno famoso,*" is as common an adage as "March winds and April showers," &c. &c., used to be in our boyish days. The most trying seasons for invalids are here, as all the world over, I believe, the autumn and spring, but especially the latter; and for this plain reason, that the *diurnal* variation of temperature is then greatest.

The present winter commenced early, and set in severely. On the 7th, 8th, and 9th of December, snow fell on the mountains. On the 8th the thermometer stood at 54° sun-rise, 60½° at two, P. M., and 55° sun-set (this is the coldest day we have yet experienced). Towards the middle of the month the weather became clear and open, with only occasional showers, and continues so up to the present moment (January 17th). On Christmas Day the thermometer, at the same periods, was 57°, 69°, and 62°; and on New Year's Day, 58°, 69°, and 64°: and as we have the authority of Humboldt in assuming that the medium of the temperature at sun-rise and two o'clock, P. M., is a fair average for the diurnal temperature, especially when corrected by a sun-set observation, and that the mean temperature for October is a nearly accurate average for the whole year, a tolerably correct idea may be conveyed by the following table for October, without entering into a monotonous detail for months or years, and tiring the writer's fingers and the readers' eyes. The instrument hangs in the shade (of course), and is sheltered from

draughts and rains; and after allowing for its being graduated *seven-tenths* of a degree *too low*, the average temperature for the month, and (if M. Humboldt's conclusions apply) for the year also, will be $69\frac{3}{4}°$; both as derived from the mean of sun-rise and two o'clock, and the average temperature at sun-set, for they exactly correspond.

Oct.	Rise.	2 P.M.	Set.	Oct.	Rise.	2 P.M.	Set.	Oct.	Rise.	2 P.M.	Set.
1	62	76	72	12	65	79	73	23	62	$69\frac{1}{2}$	65
2	69	74	70	13	64	76	70	24	58	71	$65\frac{1}{2}$
3	64	74	70	14	64	74	69	25	62	69	68
4	66	76	71	15	62	74	70	26	68	71	68
5	67	78	73	16	64	80	70	27	68	75	68
6	66	74	70	17	64	$74\frac{1}{2}$	71	28	67	73	68
7	64	76	72	18	66	76	69	29	67	73	69
8	67	78	70	19	65	$72\frac{1}{2}$	$64\frac{1}{2}$	30	63	75	70
9	64	74	70	20	62	68	66	31	64	69	67
10	66	76	71	21	60	64	63				
11	62	76	70	22	60	72	67				

Slight *passive hæmoptoë* occurs, I think, more frequently here than in England. Of *active hæmorrhage* from the lungs I have only seen one instance, and that fatal. A severe case of *spasmodic asthma* was not at all benefited by a winter residence: at a time when the expectoration was very great, and the skin parched, scurfy, free from all moisture, and in every respect unhealthy, the whole body was well rubbed daily with *sweet oil*, and during the first eight-and-forty hours the quantity expectorated was reduced full three-fourths, and never again increased; but no permanent advantage was derived. I have since had recourse to the same application in several cases, and it certainly has some influence in checking colliquative sweats: indeed, it is now nearly two years since I have used it myself daily over that part of the body which is covered by a flannel waistcoat; it is very grateful, and keeps up an equilibrium upon the skin, and avoids the extremes of profuse perspiration and sudden chills: in the summer it appears to equalize the heat of the body, and in the winter conduces to its general warmth; and since its use I have certainly been much less liable to take cold. That it possesses any sanative power, I have never for a moment supposed; but so slight is the inconvenience, and so great the comfort, that those who have once commenced will, from choice, continue its application. In fevers, diabetes, in short, wherever it is desirable to act upon and keep healthy the skin (and where is it not?), *friction with oil* might, I think, prove beneficial; to those necessarily exposed to great and

sudden alternations of temperature, it would probably act in some degree as a safe-guard: at all events, it appears worthy the attention and trial of such as are engaged in an extensive, *public* sphere of practice, and who alone can form an accurate judgment, and accumulate satisfactory evidence, of the merits and powers of any remedy. *

Two consumptive cases terminated fatally by effusion into the ventricles, before the disease of the lungs had completed that stage which generally extinguishes life: — in both the usual and immediate precursors of phthisical death were absent; in one, acute headach and a suspension of pulmonary symptoms, and in the other (a man of elegant taste and high classical acquirements), not mere delirium, but confirmed mental alienation, occurred. Neither of these were under my own care; but as they are interesting, and by no means ordinary, the liberality of their professional attendants will, I am well assured, overlook the liberty I have taken in thus briefly noticing them without their knowledge or acquiescence. One of the cases of chronic affection of the trachea or larynx, or both, (for who is to draw the line of demarcation?) is interesting — as from the verbal accounts given by the subject of it, and the written ones transmitted from his medical attendants in England, he must have recovered, or rather survived, almost the last stage of ulcerative disease affecting these parts: his health is now perfectly restored — there appears to be no affection of the lungs — the expectoration consists entirely and invariably of a small quantity of tough, viscid mucus, but the voice is low, husky, and stridulous.

Two well-marked examples of tubercular phthisis terminating in ulceration, suppuration, and death, at the advanced ages of fifty years and upwards, have presented themselves — one within the practice of my friend Dr. Renton, the other in my own: in the latter, a considerable quantity of fluid was found in the chest, but no well-defined symptoms of hydrothorax had ever shewn themselves.

Of dyspeptic phthisis, which is now, I believe, becoming rather a fashionable complaint, I have not yet seen an example; but I find that most phthisical sufferers are also dyspeptic.

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* The late Dr. Currie, of Liverpool, suggested the probable benefit, to Europeans going to a tropical climate, of anointing with oil — has it ever been practised? I have not yet seen any account of the cause of this amiable and enlightened man's death: the state of his lungs, *post mortem*, would form an interesting sequel to his case, related so admirably by himself, in Zoonomia, Vol. III. p. 474.

The thirteen varieties of bronchitis have not yet reached us.

It has been asserted that no malady is more prevalent here than phthisis with natives of the island; but as far as my own personal experience and the result of my inquiries go, I incline to the contrary conclusion. This and many other dicta, which I may feel disposed to dissent from, may have been, and doubtless were, supposed to be as infallible and indisputable "as words of holy writ" at the time they were penned or uttered; but the good old times have passed away, and with them (if we are to believe the wisdom of age) good old customs too: in these our days of doubt and scepticism, little is taken for granted, and we are perversely given to ask for reasons, arguments, cases, proofs, and such like stubborn entities. I shall therefore pass excused, if, warped by such *illegitimate* notions, I mould myself to the form and figure of a degenerate age, and occasionally hint a doubt or hesitate assent.

The *contagious* nature of consumption cannot now stand in need of refutation — it is a devouring and insatiable monster, but not quite a hydra.

Without reference, in a pulmonary point of view, Madeira is certainly *now*, whatever it may have been in days of yore, *remarkably healthy*.

The lower classes *in the town* are crowded together in small, low, confined rooms (if deserving that name) on the ground floor (or, more properly, *in* the ground), with scarcely an apology for a window or an air hole of any description; and which they occupy in common with their dogs, cats, fowls, and other domestic animals, vermin, and all sorts of "creeping things." They are poor and filthy in the extreme, and their diet is the coarsest and most unwholesome — gin and poor laws are the only two things wanting to complete their misery and improvidence.

In *the country* the cottages are of mud, sunk into the earth or rock (a natural drip stone) at the side of some hill, covered with thatch, and buried in vines and pumpkins; like the body-guard of Roderick Dhu, concealed for a period from the eyes of all observers, and springing up (not at a whistle, but with the falling leaf) and peopling the face of Nature, as though by magic.

No peasantry labour more or earn less: yams and the sweet potatoe are their ordinary food — even salt fish is almost a luxury in some parts: many live and die in ignorance of fresh meat being an article of human food, and have about as much idea of eating part of a child as part of a sheep.

No medical man resides out of the city of Funchal; but a

few ignorant old wives, and about an equal number of not over-scientific barbers, are distributed up and down the island. Excepting an hospital in the city, not a public medical institution exists, and no parochial or other mode of affording assistance is provided. The roads are so bad and the population so scattered, that a man with the philanthropy of a Howard, and the strength of a Belzoni, would be able to impart medical aid to but a small fraction of the great mass.

The utmost that nine-tenths can hope for when sick is to muster a *fee in kind* for a "foot bleeding" or "herb potion" from some neighbouring shaver — to meet with two robust good-hearted friends to carry them to town in the padre's (for even here the priest does not mortify sin in the flesh *more* than his neighbours) hammock, gratis — a *doctor* there to prescribe for them *por amor de Deos* — and an apothecary to trust them until the next vintage.

With these, and many other equally favourable concomitants, a more perfect hot-bed for disease (the *lack* of doctors, of course, excepted,) could not, one would suppose, be contrived by human ingenuity; but fact stands here opposed to theory, and those who pass through the ordeal of infancy and childhood (in which numbers, fortunately perhaps, perish) form as fine, healthy, robust, and hardy a race as can be produced in any part of the globe — a more peaceable, civil, enduring, and contented, cannot be found.

The *prevalent complaints* (speaking, both in affirming and denying, to the best of my knowledge and belief only,) are cutaneous eruptions, in the most inveterate forms; scrofula, in all its varieties, especially mesenteric; inflammations; bowel complaints; and what the Portuguese call *constipaçaõ*,* or check of perspiration; some are also said to die annually of indigestion,† or constipation of the bowels, at the

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* This often proves fatal — is generally followed by inflammation of some viscus, acute rheumatism, or a privation of the use of the limbs, and more uncouth distortions than fell to the lot of the humorous and ill-fated Scarron: its victims are indeed, in his words, "*abridgments of human maladies;*" and if the government of beggars was here monarchical, it would be as difficult to elect their king by superior bodily deformity, as to choose a king of kings amongst crowned heads in general, according to the original etymology of the word "*conning.*"

† It is a curious, and I believe not generally known *fact*, that the experiment regarding digestion, tried upon two dogs, was first made upon *three human beings!!*

Simond, in his "History of Switzerland," Vol. II. page 96, states,

season for gathering the chesnuts, which form no trifling article of food, as long as they last, and are very fine and abundant.

Intermitting and *remitting* fevers are, I believe, unknown, even by tradition.

A sporadic case or two of *typhus* (although we are very apt to "call ill names" in fever) may occasionally occur. I met with one which I suppose would be so christened, unless its having yielded to bleeding, blistering, and purging, would invalidate its legitimacy. It is said also that *epidemic typhus* rears its gorgon head every now and then: if so, its visits are luckily, like those of fairies, few and far between — or, like these elfish sprites, it is visible only to some eyes; for mine have not yet beheld, nor my ears have heard tell of it — it *may*, however, happen — why should it not?

In 1814 (I am informed) *scarlatina* was introduced by an American vessel, ran its course, and has *not reappeared.*

In the summer of 1815 (on the same authority) a ship arrived from the Cape de Verds, having on board a man in the suppurative stage of *small-pox:* his linen was landed at a washerwoman's — her two daughters took the disease — thence it spread over the town and through the greater part of the island, and more than *two thousand* persons perished! — *not a case has since occurred.*

Hooping-cough and measles were imported in 1816: of the latter many died — they ceased as soon as the autumnal rains set in, and have not since been heard of.

Chicken-pox occurs here and there — I have seen one case. *Vaccination* was introduced in 1805, but it is not kept up with any spirit, or in a satisfactory manner.

Insanity is rare. *Stone* is so infrequent, that I was told only *one* instance had been known during the past *forty years;* but I have already seen *two* of *stones,* although small ones, *i. e.* from the size of a large pea downwards.

Hydrophobia has *never been known* or *heard of,* although curs of the most wretched description, and in the most pitiable states of disease, torment (from flies and vermin),

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that "John Donat, Baron of Valz, invited three of his serfs to a hearty meal and liberal allowance of wine — then made one of them walk all night out of doors, and another sit up in the room, whilst the third was allowed to go to bed — and in the morning had them *cut open, just to see which of the three had made the best digestion!!*" The result is not given — the Baron is answerable for the *experiment* — M. Simond for the *fact* — I wash my hands of all responsibility, and only regret that M. S. did not write early enough to save the lives of the two poor dogs.

heat, and starvation, abound — of course, no sane man would either land, or suffer to be landed, a mad dog; and when this source of exemption, and the favourable circumstances under which the canine race is here placed for generating the disease, are considered, we may, I think, conclude that *hydrophobia cannot* be *produced de novo.*

Of genuine unsophisticated *syphilis,* or what is described as such in lectures, and treated under that head in hospitals, I have not seen an individual case; and, moreover, I do not believe that the whole population can afford one. A true Hunterian chancre has, in my belief, no existence here; and I am much inclined to suspect that, like some apples, it is becoming extinct in most soils — possibly for lack of mercurial manure.

Pterygium is so common, as almost to deserve the term endemic: at a very rough and faulty estimate, of course, I should think that one-tenth of the peasants and boatmen were more or less affected with it; and although they never submit to an operation, and it in most instances encroaches greatly upon the cornea, yet I have neither seen nor heard of a single case of blindness occasioned by it. Its prevalence may probably arise from those classes of men being especially exposed to the full and constant power of the sun, with no other covering for the head than a small cloth cap (*carapuça*), which does not give the slightest shade or protection to the eyes.

Cancerous affections are numerous in proportion to other diseases, and to the population.

Bronchocele is so rare, that I question whether the whole island can shew half a dozen.

The *elephantiasis* or *lepra,* about which so much has been said, written, and disputed, and so little known or done, corresponds with that briefly desribed by Maundrell, in his Tour to the Holy Land.* Aretæus's portrait of tetanus

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* Three eastern and scriptural peculiarities noticed by him still exist here, viz.: — Treading the corn out by oxen (unmuzzled); dragging it up by the roots; and the use of immensely long, powerful, armed goads, in ploughing.

In one of the Azores (probably all) they have a much more *mute,* and fully as ingenious a mode of murdering a man, as Mr. Thurtell's of braining him with *dumb*-bells, viz. beating him to death with *sand-bags!* — it is a weapon easily carried and concealed, and perfectly noiseless in its operations. Meyrick, in his Treatise on Ancient Armour, says — "Shakspeare arms his combatants with bâtons and *sand-bags* at the end of them; yet his is the only authority I have met with for the use of the latter appendage — probably such were

admirably applies to it — "*inhumana calamitas — injucundus aspectus — triste intuenti spectaculum, et* malum insanabile." It is almost, if not exclusively, confined to the subjects of poverty, unhealthy situation, and bad food; condemned as incurable, no attempts are, to my knowledge, now made towards its extermination. I do not believe that any well-authenticated instance of its identity and perfect and permanent removal is on record — supposititious ones are to be met with — but I may be wrong; *its contagious* properties are to be found in books — happily for us, not in the disease itself; for a better contrived nidus for the fomites of contagion cannot enter into the imagination of man than the Lazar Hospital.

Dysentery is stated to be occasionally epidemic — it has not been so since my residence. Sporadic cases are constantly occurring, and are generally, from neglect, poverty, prejudice, and delayed medical treatment, fatal: bleeding, blistering, and large doses of calomel combined with opium and ipecacuanha, are the *only means* which I have found efficacious; but unless the *bleeding* be *active* and *early*, and the *calomel*, in the more advanced stages, *liberally* administered, and the system brought fully and speedily under its influence, little good is to be done.

I have heard of *cholera* proving fatal — I have never yet seen a case which did not yield to quiet and slops.

Tetanus is by no means unusual after wounds, and generally fatal — it has not fallen to my lot to meet with it.

Scabies is an "heir-loom" amongst the lower classes: indeed, many who ought to know better consider that its removal would be followed by dangerous consequences,* and are therefore content to scratch on.

I had some intention of closing this communication with a

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the weapons of the lower class of people, and were therefore considered by him appropriate to the parties. Hudibras, however, alludes to the custom in the following lines: —

> 'Engaged with money-bags as bold
> As men with *sand-bags* did of old;'

and the fool's bâton with the bladder at the end of it seems to bear some analogy." Mr. M. may now quote the Azores as additional authority.

* To what an extent must this notion have prevailed formerly, when it is recorded, that Dr. Harvey considered that James I.'s sickness "was to death," for "that he (the king) used to have a beneficial evacuation of Nature — *a sweating in his left arm!* — as helpful to him as any fontanel could be, which of late failed!!"

short case or two, but it has insensibly spun itself out to such an unexpected length, that I must avail myself of some future opportunity.

Funchal, Madeira, January 27th, 1824.

II.

Case of Recovery from a punctured Wound of the Diaphragm. By George Wood, Esq., Newcastle-under-Lyme, Surgeon to the North Staffordshire Infirmary, &c.

Thomas Rowbotham, aged about thirty-five, received two wounds in the abdomen from a shoemakers' knife, on Friday the 28th of June, 1816. The point of the instrument was very sharp, and the blade about three inches long, which was driven into the body as far as it could be plunged. One of the wounds was on the right, and the other on the left side of the epigastrium; they bled profusely — the more so as he was obliged to walk nearly a quarter of a mile from the place where they were inflicted, immediately afterwards. The right wound continued to bleed freely on the day following, and, at intervals, on Sunday and Monday, with the emission of air-bubbles resembling those produced by vinous fermentation. As the hæmorrhage subsided, considerable extravasation of blood appeared, with emphysema, gradually extending over the abdomen.

On Tuesday this part of the body was considerably swelled, and there was a degree of tension. Some blood flowed also from the left wound, and at times he suffered a spasmodic difficulty of breathing. The skin put on a yellow appearance, and there was a slight degree of pyrexia in the evenings.

Depletion was fully employed, with good effect. On the following Sunday suppuration was established, and he was then able to sit up, with every prospect of a speedy recovery. In fact, the wounds were healed in a fortnight, and no complaint then remained excepting debility.

The singular features of this case are the following: — that by one stab from so short an instrument the cavities of the thorax and the abdomen should be both penetrated — that so considerable a wound should be received without effusion of blood into the thorax, or any of the usual symptoms of wounded lungs making their appearance — and that there should be so speedy a recovery from a transverse wound through the diaphragm into the lungs, involving, in all pro-

bability, the convex portion of the left lobe of the liver, complicated with a longitudinal wound, three inches in depth, penetrating the left hypochondrium, and allowing a protrusion of the omentum.

To account for the direction of the first of these wounds, it is necessary to state that he was stabbed in a sitting posture, his enemy crouching and striking upwards and inwards; and the thorax escaped effusion by the blood from the wounded lung finding its way to the external opening through the diaphragm, as did also the air from the punctured cells. As the hæmorrhage diminished, blood still passed through the wounded diaphragm (accompanied by air), appearing in black patches in different parts of the abdomen, but more profusely on the right side, producing emphysema.

The cure was favoured by several circumstances. The patient was a man of a strong constitution and of a resolute mind; the means to prevent fever and relax spasm were successful; and these objects were materially assisted by the depending drain for the blood, which acted much in the same manner as the French practice of sucking the blood from the chest.

III.

On the Presence of Water in the Lungs, as the Cause of Death in Drowning. By D. Johnson, Esq., Surgeon, Torrington.

The subject under consideration is one that has occupied the attention of some of the most able men of the Profession; and my differing in opinion from them in the smallest degree may be thought great presumption. I, however, submit my observations with diffidence; for, if my ideas are wrong, an explanation from others may tend more firmly to establish the present prevailing opinion and practice. It not unfrequently happens that the most scientific men err; and in no science or art is it more likely to happen than in the physiology of the human frame: the complicated muscles in the throat of a man may be easily dissected by a good anatomist; but their various actions, governed as they are by the laws of mind and matter, cannot be seen, and therefore must be difficult to conceive, and more so to explain. Is it not possible that some of the most clever anatomists and physiologists may have erred on the subject of water entering the trachea and lungs of drowned persons? If this has been the case, we know the influence the opinions of such men have in

biassing others and in checking investigation. Some of the greatest improvements in medicine and surgery have been discovered by accident, others by men of inferior abilities; and this ought to encourage every one to communicate to the world any ideas he entertains which he thinks may tend in the smallest degree to benefit mankind.

It has fallen to my lot in the course of my practice, to attend many people in a state of asphyxia from immersion; and in reading a review of the work of Paris and Fonblanque on Medical Jurisprudence, I was struck with many parts of it as not exactly coinciding with the ideas I entertain.*

I consider the natural state of the rima-glottidis during life, as also when life is suspended or extinct, to be open to a certain extent, and not covered by the epiglottis; and that no muscular action of the glottis takes place in breathing, but that the muscles attached to it are, to contract and dilate the rima in modulating the voice: when food of any kind is taken, deglutition is performed — the epiglottis is then drawn over the rima-glottidis, preventing any part of the food from getting into the trachea; and as soon as the food is swallowed the parts resume their former position, the rima-glottidis opens, and the epiglottis is withdrawn from it. When a person is immersed in water, after a short time the demand for air to expand the lungs is urgent, and an effort or kind of partial inspiration is performed, by which a body of water rapidly rushes to the entrance of the trachea, some of which gets into the rima (which is of exquisite sensibility), causes pain, and produces the instantaneous involuntary action of deglutition, closing it with the epiglottis, thereby preventing much water from entering the trachea, the main body being carried into the stomach. I believe that the muscles of the glottis, during life, without the assistance of the epiglottis, are sufficient to contract the rima enough to prevent any

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* We are under the imperious necessity here of omitting a passage in this important communication, because it is utterly inconsistent with the character of a respectable journal to admit animadversions on what may have appeared in a cotemporary. But we feel quite correct in our conduct towards our correspondent, and are conscious, as we doubt not he himself will be, that we do his opinions and his paper no injury by the omission; for, although formally directed against certain opinions as expressed by our brother journalist, the objections are, in fact, laid against the doctrines of Paris and Fonblanque, whose opinions on this subject are adopted and contended for by the reviewer; and we take the liberty further to say, that the conductors of no other medical journal could have acted otherwise than we find ourselves obliged to do.

considerable quantity of water from entering the trachea at one time; but in every effort to breathe the rima opens, admitting into the trachea more water than at other times; and when it is considered that a single drop is sufficient to produce spasms, repetitions of the before-mentioned efforts, with perhaps the addition of a larger quantity of water being admitted as the person becomes weaker, account for the general spasms that soon take place with the greater part of the muscles of the body, propelling it to the surface, where it then inspires in a quick, painful, laborious manner: this I attribute as much to water being in the trachea and lungs, as to the demand for air to expand them for carrying on the general circulation of the blood. A person thus circumstanced, not knowing the art of swimming, or from being exhausted, soon sinks again, when, in all probability, the muscular efforts are not sufficiently strong to raise him a second time to the surface. Asphyxia soon follows for want of the action of the lungs; then deglutition ceases to be performed, and the muscles of the glottis to contract the rima; water must then enter the trachea; but none after this, I apprehend, enters the stomach, owing to the collapsing of the œsophagus, or perhaps the contraction of its sphincter.

All who have been in the habit of diving well know that some water will get into the throat through the nostrils, obliging them to perform the act of deglutition to prevent its being insinuated into the trachea. Taking all circumstances into consideration, I conclude that, although a large quantity of water may not always get into the body of the lungs of every drowned person, some water will be found in all, which, together with the impossibility of inspiring air, stops the circulation, and death is the consequence. It matters but little whether water getting into the lungs accelerates asphyxia or not; but it is of material consequence to know if any in them or the trachea will tend to impede their action after a person is taken out of the water. It strikes me that any force used to inflate them when they contain water, will drive it farther into their substance, forcing it, perhaps, through the anastamoses of the air-tubes, thereby rupturing the vessels and doing considerable injury. This is a mere opinion of mine, submitted for the consideration of others.

In the cases of asphyxia from immersion that I have had to attend, I have always suspended the persons with their heads downwards for a minute or two only, shaking them well, with the idea of causing water to run out of the trachea; after which, I have used the general remedies recommended for recovering drowned persons; and I have found more benefit from rubbing tartarized antimony into the

root of the tongue than from any thing else. I am well aware that suspending the body with the head downwards is an antiquated practice now generally exploded, from an apprehension of its causing a larger quantity of blood to flow to the head: this, I conceive, cannot often be the case, the circulation being stopped; even allowing that it is carried on languidly, I think the injury accruing from such a position is trifling in comparison with the good that may be derived from drawing part of the water from the trachea and lungs, the natural action of the latter being of the first consideration; whereas the stagnation of blood on the brain is a consequence of the cessation of such action.

It is recorded that people have recovered after having been hours under water, and others have died in a few minutes. This may be accounted for from fright. — *Quere*, May it not sometimes be owing to the quantity of water received into the trachea and lungs? It is possible some may receive a much larger quantity than others, agreeably to the spasms or other accidental or unaccountable circumstances. The effect of despair and confidence is in no instance more conspicuous than in swimming; and although the mind may not always be sound or collected in a person immersed in water, I believe it is more so with some than others; and a consciousness of the impossibility of inspiring under water may induce some to suffer even to death without attempting it, whilst others will follow the immediate impulse of nature in attempting to breathe, and thereby admit a larger quantity of water into the trachea and lungs.

Cases of Asphyxia.

Matthew Rose, seaman, fell from the yard-arm into the sea at a time when the ship was going at the rate of nine knots and a half per hour.* As soon as the ship could be

* The following extract from the ship's log-book is interesting: —

"The account given by the boat's crew was, that after looking in vain for him for a long time by pulling to windward, they had given up all hopes, and were about running down to the ship, which had drifted fast from them, and the lights but indistinctly seen, and the boat almost full of water, when they were induced to make a further effort, from an albatross, which they had observed hovering about them from the first, seeming to skim from them to a little distance to windward, and back again very rapidly, and screaming very loudly; and, following that direction, they found him lying on his back speechless and nearly lifeless, and in a very few minutes after they got him into the boat, and covered with some of their jackets, he became perfectly inanimate.

"The account given by himself after his recovery was, that he

brought to, a boat was hoisted out, and he was picked up in an hour and forty-five minutes from the time he fell overboard. When the boat's crew found him, his body was under water, with only one hand appearing on the surface; yet life was not extinct, for he was heard to utter the words "Oh, God!" When brought on board the ship he shewed no signs of life: I had him immediately suspended with his head downwards, and well shaken for a minute or two; he was then laid on the cabin table, and rubbed all over by two or three men with flannels: as soon as I could have some salt heated, he was rubbed with it and the flannels. Tartarized antimony was rubbed into the root of his tongue, and tobacco smoke was blown into his mouth and nostrils, by some burning tobacco being placed within two funnels (not having any apparatus for inflating the lungs). In about an hour he began to shew signs of life by spasms of the chest, followed by sighs resembling groaning, and vomited some bloody water; breathing commenced with much difficulty and pain, attended with a short spasmodic cough, which brought off a frothy bloody fluid through his mouth and nostrils; his pulse was indistinctly felt, thready, and intermitting. He had some warm cordials given to him, and was placed before a fire wrapped up in flannels: he gradually recovered; but it was two days before he became sensible or could give any account of what had passed — even then, he had no recollection of being taken up, yet remembered every circumstance previous to it.

In India, I had a baggage and cooking boat, that sank as it was fastened with a rope to the shore, with nine or ten people in it. Part of the boat was covered with a thatched roof under which the people slept, the top of which remained a little out of the water, so that some of the people were enabled so keep their heads above water and receive air; but they could not escape, the entrance being several feet below the surface. This happened in the dead of the

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caught hold of the rudder-chains, and there held on for some time, during which he got his boots off; but the exertion so tired his arms, and the ship going through the water so fast, he could not keep his hold. He then immediately threw himself on his back, and got his clothes off, consisting of a sea jacket, an under one, a flannel shirt, trowsers, drawers, and stockings; and seeing we had hove to and hoisted lights, gave him hopes we should attempt to save him and courage to exert himself, but he remembered nothing of being picked up or what occurred till he found himself wrapped up in blankets before the cabin fire."

night; and although I was in a budgerow within a few yards of it, and heard the noise of the boat sinking, I conclude it must have been at least twenty minutes before I could muster sufficient hands to drag the boat out of the water, which was done by main force. All the people in the boat had taken in water more or less, and one man and a woman were lifeless. The man recovered by my resorting to nearly the same means as described in the case of Mathew Rose. The poor woman was past recovery; she had a young child, which, from not being found, was supposed to have floated off with the stream.

The following experiments were tried in the presence of other medical gentlemen, after having written the foregoing observations and cases:—

Experiment 1*st.*—A fowl was immersed in water, and another, at the same time, had an instrument forced into the brain—they both died in six minutes. The fowl which was killed with the instrument was then immersed in water with the other, where they remained fifteen minutes. On dissection, no water was found in either of their tracheas, but there was a considerable quantity in their lungs. In detaching the lungs of the drowned fowl from the ribs, I accidentally made a slight cut into their substance, and in drawing them out some water escaped; notwithstanding this circumstance, they appeared to contain considerably more water than the lungs of the other fowl. Their stomachs were quite full of food, which accounts for no water being found in them. Owing to these two circumstances, I considered the experiment badly conducted.

I shall here observe, that the epiglottis of a fowl is not in the least like a man's. At the root of a fowl's tongue there are some folds of a membrane, which appears to be a continuation of the œsophagus or of its outer membrane, which is connected with muscles and the os hyoides, and is drawn over the rima-glottidis in the act of deglutition, answering the same purpose as the epiglottis of a man.

Experiment 2*d.*—A fowl, with an empty stomach, was immersed in water twenty minutes. During the time it was dying (which was about six minutes) a considerable number of air-bubbles rose to the surface, as was the case also in the former experiment. On removing the fowl from the water, my assistant allowed its head to drop, which in some measure accounts for no water being found in the trachea. The lungs were distended with water—by pressing them gently, it flowed out of the bronchiæ. In cutting into the substance of the lungs, water appeared to issue from all the

air-vessels, accompanied with numerous small bubbles of air. The stomach contained about an ounce of water.

In order to compare the lungs of this fowl with the lungs of one not drowned, another fowl about the same size was killed, by having the head cut off. The lungs were carefully dissected out; they were of a much deeper colour, and one of them weighed one dram and three grains, whereas the colour of the lungs of the drowned fowl was considerably lighter, and one of them weighed two drams and twenty-five grains, being eighty-two grains heavier than the other. In cutting into and pressing one of the lungs, more than a teaspoonful of water came out, slightly tinged with blood and full of small air-bubbles.

On pressing a lung of the other fowl, only a drop or two of pure blood issued from it.

Experiment 3d. — By cutting off the head of the fowl in the former experiment, it was thought the difference in the weight and appearance of the lungs might be occasioned by the loss of blood; I therefore had two fowls killed, one by a tight ligature round the neck, the other by immersion. The first died in three minutes, and the other in five — the drowned fowl was taken out of the water as soon as it was dead. On dissection, no water was found in the trachea, but the lungs were distended, containing water mixed with air-bubbles; in one of them nearly a dram was squeezed out, not so much tinged with blood as in the former experiments. There being less water in the lungs of this fowl may be accounted for from its not remaining so long in the water as the former by sixteen minutes; yet one of the lungs weighed one dram and two scruples — whereas one of the lungs of the fowl killed by the ligature (although two ounces heavier than the drowned fowl) weighed one dram and thirteen grains, being twenty-seven grains lighter than the other. Not a single drop of blood could be squeezed out of the lungs, and they were of a considerably darker colour than in the drowned fowls.

There was more water squeezed out of one of the lungs of the drowned fowl than the difference of weight between it and a lung of the other fowl; which I am at a loss to account for, unless strangling causes the lungs to be more full of blood.

Experiment 4th. — A terrier dog, of a moderate size, had his fore legs tied together, and also his hind legs, and was then thrown into a well in which the water was but a few feet from the top. He struggled hard, rising frequently to the surface, discharging a white frothy fluid from his mouth and

nostrils, and died in twelve minutes: he was suffered to remain in the water eighteen minutes after death — from the commencement he was half an hour in the water. On dissection, the trachea had no water in it; the lungs were of a light colour, distended to their full extent, filling the whole of the thorax, and their surfaces were as smooth as the liver; on pressing them, frothy water resembling soap-suds issued out of the trachea, similar to what he discharged in the well, and not the least tinged with blood. The trachea was tied, and the lungs carefully dissected out. By cutting into their substance and squeezing them, five ounces and a half of water (by measure) were obtained, slightly tinged with blood: a small quantity of blood was observed issuing from the cut blood-vessels, which had the appearance of small red streaks, and when united with the water in the air-tubes tinged the whole. Some water was spilled on the table, and a portion remained in the lungs, which, together, I imagine, was nearly, if not quite equal, to the quantity of blood discharged from the lungs. Eight ounces of water, tinged yellow, were found in the stomach, which nearly half filled it; the remaining part of that viscus was distended with air like an inflated bladder.

A dog full twice as big as the terrier was killed by hanging. The lungs were considerably more livid, and not above half the size: water was poured gently into the trachea, which diffused itself through their whole substance, distending them nearly to their full extent. The quantity of water poured into them was not measured, but I imagine it was not less than a pint. In cutting into the substance of the lungs water issued from all the air-vessels, giving the exact appearance of the lungs of the dog drowned. From this last circumstance it appears to me clear that no water will ever be found in the trachea of any drowned animal, until the lungs are quite full. When the lungs would receive no more water as it lay in the vessel, though the trachea was quite full, by laying hold of the trachea and lifting the lungs, all the water in the trachea was immediately received into the lungs.

From these experiments I conclude, that a large quantity of water is received into the lungs of all drowned subjects, entering them when in the act of struggling for life, and also after death, varying in quantity according to accidental or other circumstances; but as no water of consequence was discharged from the lungs of the fowls or dog, without pressure, it has raised doubts in my mind respecting the benefit to be derived from suspending bodies with their

heads downwards or on an inclined plane: yet I still think a trial should be made to ascertain whether in that position pressing the ribs on the lungs, with pressure at the same time on the abdomen towards the lungs, would cause water to flow out of them through the trachea. As it appears clear that the lungs do receive and retain a quantity of water, I think it must impede their being inflated with air and prevent their returning action. It would be a point of great consideration gained, if any contrivance could be made to enable us to draw from the lungs a part of the water. It strikes me as being possible to introduce a tube connected with a powerful syringe into the rima-glottidis (or into an opening made in the trachea) of a drowned person, and with it to draw out part of the water; which, if done previous to inflation, would tend considerably to promote their returning action, without which reanimation cannot be expected.

If these hints induce any of the Profession to prosecute the inquiry farther, and eventually prove of service, it will afford great gratification to the writer.

We have given insertion to this paper in hope that the experiments detailed in it may lead to others, and not because we coincide with the writer as to the rationale of death by drowning, still less in the proposed means of recovery. We shall take an early opportunity of drawing the attention of our readers more particularly to the medico-legal relations of this very important question.

IV.

Cases in Surgery. By Edward James Shearman, Esq., Surgeon, &c., Rotherham.

Case I.—On the evening of the 8th of August, 1822, Miss Barton, of Brampton, was thrown from her horse; as she fell, the horse kicked her right leg and broke the tibia, and the force with which she came to the ground broke the fibula, and pushed the lower end of the tibia through the skin, producing a compound fracture. A great deal of hæmorrhage followed; and in this state she was taken home on a gate, and placed on a mattress. I examined the fracture, and found the tibia broken about three inches and a half above the ancle, in so oblique a manner that the obliquity of the fracture measured nearly three inches, one inch of which had protruded through the skin: the fibula was broken as

obliquely in proportion, and the broken part exactly opposite to the broken part of the tibia. I used extension and counterextension; the tibia easily returned to its place, and the hæmorrhage ceased: but as I apprehended a troublesome case, from the bones having been broken in such a manner as to afford no resistance to the contractile power of the muscles, I requested Dr. Kaye, of Wath, to do me the favour to meet me, which he very kindly did that night. The limb was placed on an inclined plane, with a moveable footboard, covered with a pillow, and fixed in junks calculated to keep it steady without giving irritation; the wound was brought together by adhesive plaster. The patient (who had led a sedentary life) was not well at the time of the accident; her complexion was sallow and her bowels costive. A bed-sling was contrived for her convenience in moving, and some aperient medicine given.

The limb went on pretty well for two days, but during this time she had no evacuation from her bowels; she became irritable and peevish, was afraid of making the necessary exertion required in using the bed-pan, and began to doubt her recovery. I gave her some pil. hyd. and infusum sennæ cum magn. sulph., but this did not operate; and the next morning I administered some ol. ricini, which speedily produced one copious, dark, and offensive evacuation.

On the 13th of August the limb became very painful, hot, and tumefied, the wound appeared livid, the stomach was irritable, and the nervous system greatly agitated. Leeches and an evaporating lotion were applied to the leg, and a saline effervescing medicine prescribed, with the antiphlogistic regimen. The bowels were relieved that day of a little offensive matter.

Early on the morning of the 14th I was sent for, and found her in great agony, occasioned by the lower parts of the tibia and fibula having been drawn up by the muscles, and the leg shortened more than an inch: so great was the irritation, that she continually begged of me to "pull the leg out," or do any thing else which would relieve her. I replaced the bones as soon as possible, and she was presently easy and composed. She had so much dread of moving now, that I could not persuade her to take any opening medicine; but I used every possible means to lessen irritation and to keep the limb quiet, though I found it impossible to keep her mind tranquil. She had one dark evacuation from her bowels on the 15th.

On the 16th the limb was again shortened more than an inch and a half, and I again replaced it. The symptoms were

now growing very unpleasant: — considerable pyrexia; great thirst; nausea approaching to vomiting; parched skin; brownish furred tongue, very thick and chopped towards the base, and livid round the edge; pulse 110, full and hard; great restlessness and delirium: the limb was very much swollen, and put on a greenish-blue appearance for two or three inches round the wound.

Early on the morning of the 17th I bled her in the arm until the pulse was reduced to 80, gave calomel and some cathartic medicine in the form of effervescing draughts, and fomented the limb. This evening the limb was shortened nearly an inch; but as she did not complain so much as before, I did not interfere with it. She had one dark motion.

I was, however, requested to see her early the next morning, and found her quite delirious with pain occasioned by the shortening of the limb, and was obliged to replace it. The limb now seemed approaching to gangrene; pulse 130; stomach very irritable; no evacuation from the bowels.

She continued in this state on the 19th, her pulse growing quicker and smaller, and the anxiety greater. The limb was constantly fomented; every thing favourable to suppuration was persevered in; and I kept the limb in its place as well as I could, but it was very unmanageable.

The following morning she had one or two distinct rigors, and the limb again became displaced. As the stomach became less irritable, I administered hyd. submur. and infus. sennæ cum magn. sulph. at regular intervals: a copious suppuration took place in the leg; the vascular and nervous irritation became much less, and the bowels acted better, but the evacuations were far from being natural. The limb, however, was still in the power of the muscles, and every other or third day continued to be shortened; this, of course, kept up a copious suppuration.

Neither the patient nor her friends would allow me to call in any respectable Surgeon in the neighbourhood by way of consultation, but wished me to consult with a bone-setter: as I did not much admire this plan, I related the case to Mr. Brodie (to whom I am indebted for much valuable information), who, with his usual kindness, gave me his opinion, and relieved my mind from much anxiety. I continued to preserve the proper length of the limb as well as I could, and as the secretions from the bowels became more natural, there was less difficulty in doing this. From about the 20th of September the limb became quiet, and I had the satisfaction of seeing it, at the distance of three months from the accident, very little different from the other, the scar

excepted. In a few months more she could walk and dance as well as usual.

Case II. — On the 26th of last December, I was consulted by Mr. James Adams, of Masbro, a stout muscular man, from whom I received the following history: — About two months since he trod upon a needle, which was forced into the bottom of his foot more than half an inch, but was taken out without breaking: he took no notice of it for two or three days, but walked about as usual, until he had so much throbbing pain in the part that he was obliged to rest. The pain continued to increase, the foot swelled, he had shivering fits, and in this state he consulted the medical gentleman who attended his family, who ordered poultices to be applied at first, and, when the tumefaction was very great, a number of leeches were put on. The pain increased, and the system became very irritable: at last, after a great deal of suffering, the abscess burst on the top of the foot just between the second and third metatarsal bones of the first and second toes. He daily grew worse; and at last was induced to apply to a celebrated old quack-doctress in the neighbourhood, who medicated his foot with spirit of turpentine and enormous layers of ointment until the time I saw it, when I found that the leg, from the toes to three or four inches above the knee, was the same in circumference, or nearly so, all the way; the cellular membrane about the ancle and foot filled with matter; and the highest degree of inflammation spread over the whole limb, with a foul-looking ulcer on the top of the foot. The other leg was œdematous; his skin hot and dry; pulse 130, and weak; bowels very costive, with clayey stools; tongue covered all over with a thick brown fur; urine very little in quantity, and high-coloured; countenance very sallow; conjunctiva yellow; great thirst; inclination to sit by the fire; and great anxiety and mental depression. I removed all the stimulating and greasy applications from the foot, kept up a constant evaporation by means of a spirit lotion, and directed my attention principally to the digestive organs. In about a week the bowels acted regularly, and the evacuations became highly offensive and dark-coloured; urine more in quantity; tongue less furred; pulse 100, and fuller; and the limb subsided a great deal. I made free incisions, and allowed the confined pus to escape; and then found a number of sinuses, some of which went through the foot between the metatarsal bones, and others took their course under the adipose membrane to the heel, and could not be reached with a common probe. After I had brought the secretions into a healthy state, and the inflammatory action of the limb had in a great measure subsided, I stimu-

lated the sinuses, used regular pressure, and although they were very troublesome, owing to their number and extent, the foot is now quite well.

I do not present the above cases to the Profession because there is any thing novel or meritorious in the treatment of them, but because I believe them to be cases which are met with in private practice, and too often considered as mere local diseases. The influence which the derangement of the digestive organs has over local diseases has been too ably delineated to allow me to add any thing to the subject; but I think it is the duty of every member of the Profession to assist in the dissemination of those principles which are found to be most useful in general practice, however humble his talents: I therefore hope the above cases will be received as they are intended. I am fully persuaded that the case of compound fracture would have terminated in much less time, and with much less danger, difficulty, and pain, if, at the time of the accident, the digestive organs had been in a healthy condition; for as that state approached there was evidently less contraction excited by the muscles over the bones, although there was so copious a suppuration at the same time. And is it not reasonable to suppose, that, by bringing the secretions into a healthy state, the bones united more readily than they would have done, after so much motion, had the system remained in an unhealthy condition?

Rotherham, 15th April, 1824.

V.

Case of Cynanche Trachealis, for which Tracheotomy was performed. By P. Hume, Esq., Surgeon, Coventry.

Mrs. Boddington, aged thirty-one, wife of a respectable watchmaker, and mother of three children, was attacked on Wednesday the 12th of May, 1824, with severe pain and sense of heat in the upper part of her throat, attended with great difficulty of breathing and fever: but, attributing her ailment to a bad cold which she had had for some time, she paid little attention to it, until, feeling a sense of suffocation, she sent for me in great alarm on Friday the 14th. I found her labouring under great pain and difficulty of breathing, accompanied with a whizzing sound on inspiration; pulse above 110; heat considerably increased. Her countenance was peculiarly anxious; and at every inspiration the muscles of respiration were brought into excessive action. She could scarcely articulate so as to be understood. Bowels costive,

and tongue furred. Feeling satisfied that nothing but an operation could save her (as it was too late to trust to calomel and emetic tartar, and other antiphlogistic remedies), I merely bled her, and consulted with Dr. Loutham and Mr. Nind Whitewell as to the propriety of the operation of tracheotomy being performed directly. They being of the same opinion as myself, the operation was performed within an hour from the time of my first seeing her. As soon as I cut into the trachea she was relieved: she was then put to bed in a sitting posture, the wound being left open without any dressing or covering, and a saline aperient medicine was prescribed. I visited her in the evening, and found her comparatively well. The aperient mixture had operated: she was cool, and her pulse only 95.

On the 15th I found her continuing to improve. She had passed a good night, sleeping occasionally; but was troubled a good deal by cough, which gave her pain by forcing a bloody matter through the wound. The mixture was continued, with the addition of a little of the tinctura hyosciami.

16th. — Quite easy. Some discharge escapes from the opening upon coughing. She seems now to breathe through the mouth. Fever moderate. Bowels open.

17th. — Has had a considerable deal of fever in the night, but she still breathes freely. The wound is closing at the bottom by granulation. Cough less troublesome. Ordered a little calomel and antimonial powder, in addition to the former remedies.

18th. — In consequence of the fever having been subdued she feels quite comfortable. From this period she continued gradually to improve, and she is now, June the 4th, attending to her family concerns, and she only applies a little plaster to the wound, which is nearly well.

Remarks. — Croup is a complaint not frequently met with in adults; but there are few that have not seen it occasionally in grown up people; and although the operation of tracheotomy is very easy, still it is one which, in private practice, causes considerable interest; consequently, it has been less practised than, perhaps, it ought to have been, as a failure might prejudice the public against the operator. I have myself seen one or two cases, and heard of others, in which I have no doubt that an operation would have been the best remedy.

How far it may be successful upon children is questionable: it must be attended with greater difficulty in them. Mrs. Boddington was of a spare habit, and therefore a good patient to operate upon. The thyroid gland was enlarged, so that it was necessary to make the opening a little to one

side of the trachea. A branch of one of the thyroid arteries was divided, and bled rather freely. The only difficulty was in cutting out a small portion of the rings of the trachea, so as to preserve a perfect opening; this was done with a pair of forceps and scissors; and the aperture was thus made so permanent that no canula was required.

Coventry, June 4th, 1824.

PART II.

ANALYTICAL REVIEW.

I.

A short Treatise on the Section of the Prostate Gland in Lithotomy; with an Explanation of a safe and easy Method of conducting the Operation on the Principles of CHESELDEN: *illustrated by Engravings.* By C. ASTON KEY, Surgeon to Guy's Hospital and to the Magdalen. London, 1824. 4to. Pp. 30. Four Plates.

THERE is no operation in the whole range of surgery which has undergone more modifications from time to time, and consequently given more employment to the inventive faculties of Surgeons, than that of lithotomy. Whilst at one period the apparatus minor united the suffrages in its favour, at another the apparatus major predominated, and successively the high operation; until at last the lateral operation prevailed, and is now, under some modification or another from that introduced by Cheselden, almost universally established, if we except the attempts which have lately been made in France and Italy for the revival of the recto-vesical operation — an operation which, however, has so many unpleasant concomitants in its train, that it will, in all probability, fret its hour on the stage, and finally be consigned to that oblivion which has so frequently awaited, and will still continue to await, the revival of operations which had already, by the concurrent testimonies of competent Surgeons, been considered unworthy of approbation. These observations are by no means applicable to the revival of the method of operating recommended by the author of the work before us.

Since the time of Cheselden, notwithstanding the extra-

ordinary success which attended his operations for the stone, — a success which is probably not exceeded by any operator of the present day, the fatal cases being enumerated at one only in twenty-six,—lithotomist after lithotomist has promulgated some variation in his *modus operandi;* until at last the simple operation of that distinguished individual, like the picture of Apelles, has been rendered so varied and confused, as to bear but little resemblance to the prototype.

Satisfied that the principles originally professed by Cheselden led to a safe and easy method of operating, and zealous for the improvement of the important operation of lithotomy, on the facile and skilful performance of which so many lives are dependant, Mr. Key has come forward, not for the purpose of making any idle innovation, nor of altering in any one respect the principles of the lateral operation, but merely to suggest an easier mode of accomplishing the same object.

After adducing the descriptions of various authors of the method of operating adopted by Cheselden, from whose testimony it would seem that the prostate gland was divided by that great lithotomist in a manner very different from the direction in which the gorget cuts it; that the edge of the knife was by him turned upwards; and that the knife was in this position carried into the neck of the bladder behind the prostate gland; the author proceeds to enumerate the inconveniences consequent on the employment of the gorget with the curved staff generally used by lithotomists.

" *First,* The cutting edge of the gorget is conducted so high under the narrow angle of the pubic arch as to incur a great risk in wounding the pudic artery; a frequent consequence of the introduction of the gorget in adults, being, as is well-known to surgeons, a profuse gush of arterial blood; and, what is more material, not unfrequently great difficulty in restraining the hæmorrhage after the operation.

" *Secondly,* In the section of the prostate the gorget is carried upwards through the large plexus of veins which surround the upper surface of the gland, by which long-continued venous hæmorrhage is produced, filling the opening into the bladder with coagula, and preventing the ready exit of urine both by the wound and penis; thus producing the infiltration of urine into the cellular membrane, which frequently causes so much irritation after lithotomy.

" *Thirdly,* The section of the prostate is made in a direction most unfavourable to the extraction of a calculus. Instead of the free incision made through the depending lobe of the gland by Cheselden, the gorget merely slices off the upper and narrowest part, leaving the body of the gland, which affords so much resistance to a stone, untouched. This slicing of the gland never affords room enough for a large calculus to pass; and, in the violent efforts to extract it,

either the bladder is torn laterally, or, what is worse, the prostate is dragged towards the external wound, and its ligamento-cellular connexion with the arch and ramus of the pubes destroyed. When the operation is properly performed; that is, when the wound in the prostate is sufficient for the passage of the calculus, the connexion between the prostate and the arch of the pubes remains, and affords an opposing barrier when the finger is attempted to be thrust upwards by the side of the bladder. The consequences attending the destruction of the attachment of the prostate are worthy of consideration.

"*Fourthly*, To be fully aware of the mischief attending this laceration of the prostatic connexions, a knowledge of the cause of death after lithotomy is necessary. It is a prevailing opinion that stone-patients die of peritonitis, brought on by the injury done to the bladder during the operation; a mistake which, though not leading to any serious error in the after-treatment, is so far attended with mischief, inasmuch as it misleads the mind of the surgeon from the true source of the fatal event. I will not venture the assertion, that inflammation of the peritoneum is never a sequela of lithotomy; but that it is an extremely rare occurrence, and still more rarely the cause of death, examinations *post mortem* have fully convinced me. During the ten years I have been at our hospital, I have never yet seen an unsuccessful case examined after the operation, in which inflammation of the peritoneum could be regarded as the cause of death; and as invariably I have found that one circumstance was uniformly present, namely, suppurative inflammation of the reticular texture surrounding the bladder. Those who are unaccustomed to morbid examinations may be inclined to be sceptical on this point, and may think that an injury done to the prostate and neck of the bladder by a cutting instrument would be productive of more serious evil to the constitution than a laceration of reticular texture. Some also may probably look on this explanation as a refinement of modern surgery, and one not borne out by facts: the fact, however, is indisputable; and analogy will bear us out in attributing the highest constitutional symptoms to active suppuration of cellular tissue. In injuries of the scalp, if the wound has penetrated the tendon of the occipito-frontalis, we expect extensive suppuration; not from the injury to the tendon, *quoad* tendon, but from the laceration or other injury done to the cellular membrane between the tendon and pericranium. In like manner, wounds of fasciæ, whether of the hand, foot, or other parts of the extremities, are dangerous in their consequences, not from the injury done to the tendinous fibres, but from the exquisitely acute inflammatory action set up in the subjacent cellular tissue. This reticular membrane may be regarded as an infinite number of serous cavities communicating with each other, and presenting an incalculable extent of surface. Inflammation spreading rapidly through these cells will quickly affect a surface much greater than that of the peritoneum; and I have witnessed symptoms as acute, pain as severe, and the peculiar depression attending peritonitis, as marked in the reticular inflammation, as in

the most acute and fatal case of inflammation of the abdominal cavity. The instances I have met with of the texture surrounding the bladder being affected with suppurative inflammation, and terminating fatally, whether arising from lithotomy or operations for fistula in perineo, are sufficiently numerous to allow me thus to generalize on the subject, and afford a very useful lesson to those who endeavour to profit by examination after death. In the inspection of those who die after lithotomy, it is not sufficient to look into the peritoneal cavity, to open the bladder, or to examine the state of the wound; the peritoneum lining the lower part of the abdominal muscles should be stripped off, and the source of the evil will then be laid open. The finger will enter a quantity of brick-dust-coloured pus in the cellular substance around the bladder; and if considerable force has been used in the extraction of the stone, will readily find its way towards the wound in the perineum: the barrier between the adipose structure of the perineum and the reticular texture of the pelvis being broken down, the suppurative inflammation spreads rapidly along the latter, and may be traced, in some cases, between the peritoneum and abdominal muscles, as high as the umbilicus: in one case I have seen it extend to the diaphragm.

"*Lastly*, Every surgeon who operates with the gorget, is under the apprehension of it (its) slipping between the bladder and rectum: if the beak slips from the groove before it has entered the bladder, it is supposed to have passed between the gut and the prostate. From the bearing of the gorget during its introduction, I always entertained some doubt as to this being the direction which the gorget takes under such circumstances.

In the only instances in which I have had an opportunity of ascertaining the real course of the gorget in this accident, I found that the instrument, which was supposed to have passed between the bladder and rectum, had taken a very different course: it had slipped from the groove of the staff, had been propelled under the arch of the pubes, and had entered the reticular texture above and to the left side of the bladder. I believe this to be the usual course of the gorget when it slips out of the staff: to force it between the bladder and the rectum the beak must be turned downwards, a direction which is never given to the instrument in passing it into the bladder."
—Pp. 17—22.

With a view of obviating the evils attendant on the employment of the gorget and curved staff, and at the same time of adhering closely to the operation of Cheselden, Mr. Key has adopted a nearly straight director: the point being slightly curved upwards, from a fear that, if straight, it might be caught by a projecting fold in the bladder, which might considerably embarrass the operator. The groove is made somewhat deeper than in the common staff, to prevent any risk of the knife slipping out. The extremity is not grooved, but rounded like a common sound, in order to prevent abrasion of the prostate or mucous lining of the bladder.

The handle is somewhat larger, for the purpose of affording a better purchase to the hand of the operator.

" The advantage of a straight over a curved line," says the author, " as a conductor to a cutting instrument, is too obvious to require any comment; but its chief superiority consists in allowing the surgeon to turn the groove in any direction he may wish. Before carrying the knife into the prostate, the groove, which has been held downwards for the first incision, may be turned in any oblique line towards the patient's left side that the operator may think preferable for the division of the prostate: nor does it preclude the use of the gorget; this instrument may be propelled along the straight groove with more safety than in the curved staff. To those who have been used to the gorget it may be difficult to lay it aside; and its employment is certainly less objectionable with the straight direction than with the common staff. When the gorget is employed, the corresponding motion of the left hand is not required to carry it into the bladder: the director should be held perfectly quiet, while the gorget is propelled along its groove. The danger of passing it out of the groove of the director is diminished, if not entirely removed, from which circumstance alone the surgeon gains much confidence, and consequently the patient much benefit."

" The knife resembles in form a common scalpel, but is longer in the blade, and is slightly convex in the back near the point, to enable it to run with more facility in the groove of the director. The scalpel blade has this advantage over the common beaked lithotome, that the external incision can be made with the same instrument as the section of the prostate gland, thus rendering a change of instrument unnecessary. There is less danger also of any membrane getting between the groove and the knife; as the point of the cutting edge, being buried in the groove, will divide whatever lies before it, which is not done by a beaked instrument. The opening made in the prostate, and also in the perineal muscles, can in some measure be regulated by the angle which the knife makes with the director as it enters the bladder. In the majority of cases it will merely be necessary to pass the knife along the director, and having cut the prostate, to withdraw it without carrying it out of the groove; varying the angle according to the age of the patient, the width of the pelvis, and size of the stone. As the direction in which the prostate should be divided (in order to adhere to Cheselden's operation), is obliquely downwards and outwards, the increasing the angle at which the knife enters the bladder will incur no risk of wounding the pudic artery. When the stone is unusually large, it will be necessary to dilate the prostate in withdrawing the knife.

" This want of power to regulate the size of the incision is an objection to which the gorget is acknowledged to be open. Whether the stone be large or small, the same opening, and that a small one, must serve in either case; and, if the stone be large, the operator cannot avoid employing violence in its extraction.

" As not more dexterity is required to introduce this knife upon the director than every Surgeon, however unused to lithotomy,

possesses, it is almost needless to caution against the employment of undue force in the section of the prostate. The knife may be conducted with deliberate care into the bladder, the resistance afforded by the prostate will be readily felt, and the hand of the operator should be checked as soon as he feels the prostate has given way. It will be evident that the most important part of the operation is thus divested of that blind force, which renders it hazardous in the hands of the most dexterous as well as of the most unskilful lithotomists." — Pp. 25—28.

The mode in which Mr. Key operates is as follows: — An assistant holding the director, with the handle somewhat inclined towards the operator, the external incision of the usual extent is made with the knife, until the groove is entered and the point of the knife rests fairly in the director, which can be readily ascertained by the sensation communicated to the hand of the Surgeon: the point being steadily kept against the groove, the operator, with his left hand, takes the handle of the director, and lowers it until he brings the handle to an elevation of about twenty degrees from the plane of the table, keeping his right hand fixed: then with an easy, simultaneous movement of both hands, the groove of the director and the edge of the knife are to be turned obliquely towards the patient's left side: "the knife having the proper bearing is now ready for the section of the prostate: at this time the operator should look to the exact line the director takes, in order to carry the knife safely and slowly along the groove; which may now be done without any risk of the point slipping out. The knife may then be either withdrawn along the director, or the parts further dilated, according to the circumstances I have adverted to. Having delivered his knife to the assistant, the operator takes the staff in his right hand, and passing the fore-finger of his left along the director through the opening in the prostate, withdraws the director, and, exchanging it for the forceps, passes the latter upon his finger into the cavity of the bladder." Mr. Key very properly recommends, should the aperture of the prostate prove too small for the extraction of the calculus, and a great degree of violence be likely to be required to make it pass through the opening, that the parts should be dilated with the knife, rather than the patient be exposed to the danger consequent on laceration.

The advantages of the above operation, as regards its quickness, facility, and issue, are stated to have been fully confirmed by its repeated performance.

Four well-executed graphic illustrations of the principles and practice recommended by the author conclude the volume.

II.

Transactions of the Medico-Chirurgical Society of Edinburgh. Instituted August 2, 1821. With Plates. 8vo. Pp. xxviii. 697. Edinburgh, 1824.

We gave, in a former Number of this series of the Repository, a full analysis of the first article* in this interesting volume. We now proceed to notice some of the other papers which it contains.

II. *Remarks on the Cranium of a Man who died of Syphilis, &c.* By George Ballingall, M.D., F.R.S.E., &c., Regius Professor of Military Surgery, &c.

"This is a case," as Dr. Ballingall very justly observes, "of which different views will be taken, according to the ideas entertained by different Practitioners respecting the utility or injurious effects of mercury. This individual may either be considered as poisoned by that mineral, or sacrificed to the want of it; and unfortunately the detail of circumstances is so meagre and imperfect, that, by a little ingenuity, the case may be made to support either side of the question." There is no doubt, however, that the disease to which this person fell a victim had a venereal origin.

Dr. Ballingall remarks, that, "while rotten bones have long been considered the legal inheritance of those who have suffered much from venereal disease," he is not aware that a single instance has yet been brought forward of mercury producing a similar affection of the bones when exhibited for the cure of any other disease than syphilis; "and until well-marked and unequivocal cases of this kind shall be produced, those who advocate the utility and safety of mercury are not bound to obviate an objection to its use, which has not been proved to exist."

III. *Some Observations on a peculiar Affection to which the Bones of the Cranium are liable.* By James Russel, F.R.S.E., Professor of Clinical Surgery in the University of Edinburgh, &c.

Mr. Russel's observations chiefly refer to cases of exfoliation of portions of bones of the cranium, which take place without any apparent disease in the separated part.

"I first witnessed an instance of the separation of a portion of a sound parietal bone in the case of a young man, who had a small

* Contributions to the Pathology of the Heart, by Dr. Abercrombie.

tumour removed from the scalp by excision. The base of the tumour adhered to the pericranium, which had to be removed along with it; and, by its removal, left a small portion of the cranium bare. But this very limited denudation of the cranium would not, under ordinary circumstances, have produced any perceptible effect; or, at most, only the exfoliation of a superficial lamella of bone, not thicker nor more extensive than a herring scale. But the separated portion to which I refer was the whole thickness of the cranium, and equal in dimensions to a crown-piece. In all its circumstances it possessed the character of a healthy bone, retaining the colour, thickness, weight, and every other appearance of health. No circumstance appeared in the history of this case to account for the commencement of the separation of this portion of healthy bone, at so great a distance from the place where the irritation was applied."—P. 76.

Mr. Russel next notices several modifications of this species of exfoliation; and then refers to another very rare affection of the bones of the cranium, consisting of the formation of an aperture in these bones, without any other appearance of disease, or without giving occasion to any bad symptom.

"These cases first attracted notice by the appearance of a soft, prominent, fluctuating tumour, which seemed to contain a fluid. The tumours were opened, after considerable hesitation, on account of their suspicious nature. A small quantity of a red-coloured fluid was discharged. The whole surface of the cavity formed by the destruction of bone, was sound and free from any vestige of disease; and the cure went on progressively, without the smallest interruption or inconvenience to the patients."—P. 79.

Mr. Russel concludes with mentioning some instances, in which apertures in the bones of the cranium, either from the removal of fractured portions or from trephining, have been filled up with ossific matter. He considers such cases rare. An interesting instance wherein the regeneration of bone was complete, came under our own observation some time since, in a public institution. A middle-aged man had suffered fracture, with depression of a part of the left parietal bone, for which he had been trephined. He recovered so far as to resume his occupations. Three or four years afterwards he came under treatment for epilepsy. The paroxysms became more violent and frequent until his death, which was preceded by mental alienation, paralysis, and coma. On dissection, a very large abscess was found in the left hemisphere of the brain. The aperture which had been left by the trephine in the parietal bone was found completely filled with ossific matter, that was of equal thickness with the surrounding bone at its circumference, but not quite so thick at its centre; it seemed also to proceed from the sides of the aperture, in the form of converging radii — a circumstance

which evinced that it had been produced from the divided surface of bone.

IV. *An Account of the Appearances observed in the Dissection of Two of Three Individuals presumed to have perished in the Storm of the 3d, and whose Bodies were discovered in the Vicinity of Leith on the Morning of the 4th of November, 1821: with some Reflections on the Pathology of the Brain.* By George Kellie, M.D., &c.

Part I. of this long paper relates to the dissection of these cases, and to death from cold. There are the most convincing reasons for concluding that the individuals whom Dr. Kellie examined did actually die from cold. The external appearance of the bodies was in every respect natural. We give his account of the dissection of the female subject:—

"The woman appeared to have passed her sixtieth year. Her complexion was more sanguine than that of the man. The corpse was equally free from blemish or injury. Here, too, Mr. Cheyne remarked that very little blood flowed from the integuments of the head, when divided. The dura mater was not so highly coloured as in the man; its veins, however, were injected, and its sinuses were loaded with blood. The pia mater, and the veins between the convolutions of the brain, were fully injected, and very turgid. About three ounces of serous fluid were found in the ventricles of the brain, and at the basis cranii.

"In the abdomen, the omentum was found large and very much loaded with fat: the colon was also buried in fat. On raising the omentum, it was a very striking coincidence to observe, that here also the small intestines exhibited precisely the same appearances as in the man — the same redness, not in patches, but over the whole extent of the bowel; and occasioned by the same general and minute injection of the vessels, profusely ramified beneath the peritoneal coat. The stomach and colon, too, were in this case of the usual pale colour, having no vestige of the same vascular congestion. The bowels were not tympanized. The stomach was not so contracted and empty as in the man. There were on the mucous membrane of the stomach a few congested spots, of a florid red colour. The pancreas was of an unusually dark flesh-colour. The liver, spleen, and other viscera, presented no uncommon appearance."—Pp. 87, 88.

Dr. Kellie makes no mention of the state of the thoracic viscera in these cases; and he seems to attach too much importance to the very slight derangements here detailed. That congestions of the brain and of some of the abdominal viscera should result from great cold, and the consequent failure of the vital energy, is a circumstance which we are prepared to expect; for when, owing to these causes, the blood no longer circulates in the surface of the body, or only circulates in smaller quantity in that situation, it must be

determined in greater quantity to the internal viscera, as long as the action of the heart and of the capillaries of these viscera continues. The vessels of these organs having thus become loaded, more particularly the veins, we should be prepared also to meet with some degree of serous effusion in the parts immediately in the vicinity, as a consequence of this state of the blood-vessels; but it will not be always easy to determine whether the effusion took place during the last period of life, or after death. We believe that, under many circumstances — (and amongst these we would include the one under which the individuals examined by Dr. Kellie perished) — giving rise to congestions in internal organs for a short time previous to, and during the time of death, — the subsequent effusion is more a *post mortem* appearance — a phenomenon consequent on the engorged state of the veins and capillaries, and on the loss of the vitality of their parietes, than a derangement previously existing. Dr. Kellie, however, thinks otherwise, and draws the following questionable inference: —

"It may, therefore, be concluded that the blood which, after death, we find congested within one set of vessels in the brain, is just that quantity of blood which was circulated within the head, and at every instant of time distributed, in some proportion or other, between the arteries and veins during life. With regard to effusions, there seems less obscurity. Where three or four ounces of fluid are found extravasated, we can hardly doubt that this has been effused during life, — was the effect of some modification of the circulation, and the cause of some of the phenomena of that disease which terminated in death. The effusion which was discovered within the heads of our subjects can hardly be regarded as a *post mortem* production, nor can it be presumed that it existed previous to their exposure on that night which terminated their existence." — P. 97.

The first postulatum contained in this paragraph must be received with considerable limitation, for we know that the action of the capillaries will, in internal organs, continue for some time after the action of the heart has ceased; hence the blood, contained both in the arteries and in the capillaries, is emptied into the veins, which can no longer disgorge themselves, owing to the loss of the heart's action; and as, from the depressed state of the vital energy of the system, in connexion with causes determining the mass of blood on the internal viscera, the veins of these viscera are already loaded, this longer-continued action of their arterial capillaries will engorge them still more, and occasion a greater congestion of their veins, than actually existed immediately previous to death.

It is unnecessary to add any observation to that which

we have already offered on the concluding part of this paragraph.

This part of Dr. Kellie's paper contains some interesting experiments and reflections on determination of blood to the brain after large depletions. On these it is unnecessary to enter, as they fully support, and indeed prove, our own views of this subject, which are already before our readers.*

PART II. of this memoir is devoted to an examination of several dogmas, which have been too implicitly received, connected with the pathology of apoplexy. Here we find Dr. Kellie adopting the opinions of the French pathologists, to whom we are indebted for a very considerable stock of information on this particular topic. We have, on several occasions, shewn that apoplectic and paralytic seizures are frequently more owing to previous disease of the encephalon, than to the exciting causes to which their supervention is too often imputed. It is doubtless true, that stooping, low positions of the head, some diseases of the heart, ligatures and tumours retarding the free return of blood from the head, &c. will give rise to apoplectic or paralytic attacks; but, when they do produce such effects, we concur with Rochoux, Serres, Bricheteau, and Dr. Kellie, in believing, that they proceed as much from previous lesion of the brain, as from those more evident causes. If, therefore, such be the case, when they supervene to causes which have so great an effect upon the state of the circulation in the brain, as these causes undoubtedly have, may they not be with still greater reason ascribed to previous disease of the encephalon, when they occur without any of these determining influences?

After passing in review the most important circumstances which have been presumed to have a powerful "tendency to force blood into, or to confine it within, the vessels of the brain, and so as to produce a dangerous morbid congestion of that viscus" — Dr. Kellie justly infers that the agency of these causes has been greatly overrated; — "that Nature has guarded with peculiar care the brain and its vessels against such accidents from repletion and depletion, as they must otherwise have been constantly exposed to: — and that while the structure of this organ remains *healthy* and *unchanged*, and its *vessels sound*, those causes are little capable of occasioning plethora, congestion, effusions, or comatose diseases."

The real and primary causes of apoplexy and paralysis evidently refer to the condition of the vital actions of the encephalon. If these become deranged for a sufficiently

* London Medical Repository, Vol. XX. (No. for July 1823,)— Pp. 15—17.

long period, or to a considerable degree, structural alterations of the cerebral substance itself, or of the vessels and membranes of the encephalon, will be the result, and the usually imputed determining causes of apoplectic and paralytic seizures will then readily take effect.

VI. *On the Dislocation of the Hip and Shoulder Joints.* By Adam Hunter, M.D., &c.

Dr. Hunter here describes the appearance observed on dissection of a recently dislocated hip-joint, but they cannot be considered as those which may be expected generally to exist in similar accidents, as the subject dissected by him presented numerous and severe contusions on the trunk and limbs. We must refer our readers to the work itself for Dr. Hunter's observations on dislocation of the hip and shoulder joints.

VII. *On the Use of Tobacco in Tetanus.* By Thomas Anderson, M.D., &c.

The author, in the course of his practice in the island of Trinidad, has had several opportunities of treating this very formidable disease.

"The first case," he observes, "that fell under my observation, I treated conformably to the method most recommended, but with an unfortunate result. A second case, which supervened to amputation of the lower extremity, for compound fracture, so late as the 18th day after the operation, which I attended with another practitioner, had also a fatal termination. A third case, which I attended with the same gentleman, proved also unsuccessful. All three were robust negro-men. In two of the cases, the disease had supervened to trifling wounds of the lower extremities, amongst tendinous parts. In all opium, mercury, sometimes with salivation, the warm bath, purgatives, blisters, &c. were freely and assiduously employed. In one case I gave opium to the extent of ten grains every two hours, but it seemed to have little or no effect."—P. 185.

The failure of these means induced Dr. Anderson to substitute the use of tobacco in the next case which came under his care. This case he details; but we confess we can gather nothing from it that would induce us to employ tobacco in this disease. We have employed this substance in one case, and then we remained with the patient to watch its effects: respecting these we need only remark, at this place, that they were such as will never permit us to sanction its use in tetanus. The case described by Dr. Anderson was evidently one of chronic traumatic tetanus,—a form of the disorder which will sometimes yield under the usual treatment; and which, occurring in a negro, is, according to our observation, more likely to be cured than in a native of a cold or temperate climate.

VIII. *History of a Case of Anæmia.* By J. S. Combe, M.D., &c.

This is an interesting case. We shall therefore give a full abstract of it; — for many in the Profession require a beacon to be placed before them. Inflammations, acute, subacute, and chronic — congestions, engorgements, and determinations of blood — have been so often rung in the ears of those who are more ready to adopt than to examine received notions, that they have forgotten that derangements do occur consisting of a deficiency of the quantity of the circulating fluid, and of a deterioration of its quality. Granting, however, that all morbid conditions of the blood are generally more or less remote effects of a previous state of disease, which ought more immediately to arrest our attention, it must be acknowledged that these conditions become, in the process of morbid phenomena, very effective causes of ulterior disorder, and demand our direct and strenuous endeavours for their removal: whenever, also, other indications of disease with which they may be combined suggest the propriety of depletion, they should, in a more particular manner, engage our most profound powers of deliberation.

We extract as much of the case, in the author's words, as our limits will permit: —

"July, 1821, I was first consulted by the subject of this case. He exactly resembled a person just recovering from an attack of syncope; his face, lips, and the whole extent of the surface, were of a deadly pale colour; the albuginea of the eye bluish; his motions and speech were languid; he complained much of weakness; his respiration, free when at rest, became hurried on the slightest exertion; pulse 80, and feeble; tongue covered with a dry fur; the inner parts of the lips and fauces were nearly as colourless as the surface. He says that his bowels are very irregular, generally lax, and that his stools are very dark and fœtid; urine reported to be copious and pale; appetite impaired; of late his stomach has rejected every kind of food; has constant thirst: he has no pain referrible to any part; and a minute examination could not detect any structural derangement of any organ. He is forty-seven years of age..... He is married, and has no family; leads a regular and temperate life; has enjoyed perfect health since childhood, and has never been blooded. He was advised to use some medicine to correct the state of his bowels, to confine himself to a light diet, and to take gentle exercise."

"A few days afterwards his stools were dark and very fœtid; urine pale and copious, depositing scarcely any sediment. His feet became œdematous; and his appetite failed him. The skin was of the same waxen colour, soft, and delicate, the cellular texture about the eyes and breast being slightly distended with watery effusion. The pulse was feeble, and easily excited by any motion. The veins on the arm

and neck were delicate, and could be felt on making pressure; but the colour of the blood did not appear through the skin. Some tonic medicines, a mild nutritious diet, with wine, were prescribed."

"About a fortnight after this he was evidently better; but I was not at any time confident that there was any change in his complexion." "Towards the end of September he tried the effects of a sea voyage, and afterwards drank the waters of a chalybeate spring. He returned in the middle of October with a loss of flesh and strength; his legs were much swollen; his skin had the same exsanguine appearance." "For two months after this the disease presented no peculiar features in addition to those already enumerated; all the symptoms, however, were aggravated, and the constitution began to sink under their pressure. About the middle of January, 1822, the œdema had extended over his face and upper extremities, and evident marks of effusion into the chest presented themselves. He died in a few weeks, with all the symptoms usually attendant on hydrothorax."

Dissection. — "Assisted by Dr. Kellie, I proceeded, thirty-six hours after death, to examine the body. Externally it presented no peculiar appearance: the colour was nearly the same as during life, and we did not observe on the depending parts of the body the usual dark-coloured spots from the gravitated blood. The muscles had acquired little *roideur*. The subcutaneous fat was scanty, of a pale colour, and semifluid.

"Not a drop of blood escaped on dividing the scalp; the dura mater, as usual, was pale, presenting few vessels, and those empty; it was bedewed with serum. Near the vertex, and to the left of the sinus, was a considerable ossification imbedded in the plicæ of the membrane; it was an inch long, rough, and irregular. The pia mater was pale; its blood-vessels contained a pale serum and a considerable quantity of air: a slight effusion under the arachnoid coat. The substance of the brain was very soft and pultaceous, presenting very few vessels, and very little difference in colour existed between the cineritious and medullary portions. — [Was there no morbid softening of the brain here?] — The ventricles contained about two drams of serum, and about two ounces were found at the basis. The lateral sinuses were moderately filled with pale fluid blood; the arteries at the basis empty. In the thorax we found effused about three pounds of a lemon-coloured serum; the lungs of a pale grey colour, without any mark of gravitated blood. The pericardium contained about an ounce of serum. The heart, when cut into, was of a pale colour, and did not tinge linen when rubbed upon it; it appeared like flesh macerated many days in water. The right ventricle contained a pale coagulum. The left side was wholly empty: coronary arteries sound." . . . .

"The liver was of its proper size and structure, but of a light brown colour. There was no exudation of blood on cutting its substance. The muscular substance throughout the body was like that of the heart. The arteries were universally empty, and so were the

jugular, femoral, and humoral veins. The lower cava alone, about the bifurcation, with the exception of the lateral sinuses, contained any appreciable quantity of blood." The abdominal viscera were pale, bloodless, and without structural derangement.—Pp. 195—200.

PART III.

ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND SURGICAL SCIENCE AND LITERATURE.

I. *Elements of Medical Jurisprudence.* By Theodric Romeyn Beck, M. D., Professor of the Institutes of Medicine, and Lecturer on Medical Jurisprudence in the College of Physicians and Surgeons of the Western District of the State of New York, &c. &c. Albany, 1823. 2 Vols. 8vo. Pp. xxxiv. 418, 471.

II. *Recueil de Mémoires, Consultations, et Rapports, sur divers Objets de Médecine Légale, &c.*

A Collection of Memoirs, Consultations, and Reports, on several Points of Legal Medicine. By M. F. Chaussier, Professor of the Faculty of Medicine, Physician-in-Chief to the Maternity, &c. &c. Paris, 1824. 8vo. Pp. xxiv. 519.

We are too deeply committed with the Profession, in regard to Medical Jurisprudence, to consider any apology due for calling their attention to such novelties as that interesting department of our studies and duties may place before us; and are quite sure that they will commend us for enlarging their resources by pointing out two new and important works, even though these happen to be, geographically, of foreign origin. The first is so in that respect almost alone; for in its references, and many of the sources whence its valuable matter has been collected, it is so closely allied to British economy, and there is so little variation between the practice to which it is more strictly applicable in the rising political community to whose exigencies it is addressed, and that of their old and exemplary parent, that, when we add the circumstance of language, we allow strong claims to consanguinity. M. Chaussier's name at the head of any work would be a letter of recommendation; and while we

hope that this may not be the last, we have the pleasure of declaring that we consider it (in importance) as far from being the least result of his useful labours.

The claims of Dr. Beck to prior notice are unquestionable; and though we are compelled to be short, it shall be our aim to be substantial. If we praise, it will be because he deserves it; and if we have occasion to find fault, we hope it will be to his advantage, as well as to that of his subject — whose welfare he seems to have at heart in a praiseworthy degree.

The Introduction contains a short review of the state of forensic medicine up to the period at which the author commenced his labours; in the course of which great coincidence of opinion between him and the writers who have recently appeared among ourselves was to be expected. The few works to be found in the English language are alluded to, and honourable mention is made of our later productions. In a note concerning that of Dr. Paris and Mr. Fonblanque, we learn that it reached Dr. Beck when half of his own was printed, and nearly the whole written; but that there were the same results, at least as to minor points. This satisfaction has been expressed in the last work on the subject reviewed by us;* and such coincidence among rival writers is a strong argument in favour of the reality and importance of a branch of science, till very lately, *supposed to be* new.

Concerning the rise of Medical Jurisprudence in the United States, we are enabled to say that the venerable Rush noticed it in public lectures so far back as 1810. We have seen the volume of Dissertations republished by Dr. Cooper, and enlarged with notes.† In this country its importance must necessarily be underrated; but in the United States we are told that it has contributed to promote the study of the science. In other respects, contributions to medico-legal literature were to be found only in detached essays and the scattered treasures of the periodical journals.

In lecturers they have been more copious — more so, we believe, than ourselves. The leader among these was the late Dr. Stringham, of New York; and since he set the example the practice has been kept up, and has taken ground in other parts of the republic.

In approaching more closely the subject matter of these volumes, we find the author waiving, with unusual complacency, all attempts at arrangement. Far be it from us to

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* Principles of Forensic Medicine, Introd. xv.

† Consisting of Farr's Elements; Dease's Remarks on Med. Jurisp. (published in Dublin); Male's Epitome; and Haslam's Med. Jur. as it relates to Insanity.

blame him, knowing too well the difficulties that surround that point; yet we cannot help thinking that he plumps down a little too broadly upon what we have learned to treat with some degree of importance, without, we would trust, attaching to it too much. Some method should be followed, and some harmony should be pointed out among the parts of a subject, if such at all exist. That no small degree of claim to separate notice on the part of forensic medicine arises from the existence and mutual relations and dependence of certain principles, — applicable *peculiarly* to its details, and hardly communicable except in professed and copious bodies of separate instruction, — is an opinion we have not lightly taken up, and one which we cannot forego. Dr. Beck, however, not professing to aim at a systematic work, has perhaps acted right in presenting "a collection of detached essays," to the consideration of which we have all the readier access that the want of prefatory matter and general didactic enlargement may seem to afford.

The first volume contains twelve chapters, under the following titles: — Feigned and Disqualifying Diseases; Impotence; Sterility; Doubtful Sex; Rape; Pregnancy; Delivery*; Infanticide; Legitimacy; Presumption of Survivorship; Age and Identity; Mental Alienation. Volume second is wholly occupied with the causes of death, and chiefly with the important subject of Toxicology. So that, after all, there seems to be a natural arrangement of the subject into questions concerning the living and those relating to the dead — a principle professedly adopted by various writers, and upon which, in some schools, forensic medicine is taught.

We do not find much cause for detention in the early matter. Under the first head, of FEIGNED DISEASES, we have very little information, and nothing new or original. The theme is one of an inferior rank in the general scale: we may extract, however, a paragraph: — "The following diseases have, at various times, been feigned: alteration of the pulse; altered state of the urine; hæmaturia; incontinence of urine; suppression of urine; maiming and deformity; dropsy and tumours of various kinds; excretion of calculi and various foreign matters; ulcers; hæmoptysis; hæmatemesis; jaundice and cachexia; fever; pain in various parts; syncope and hysteria; diseases of the heart; apoplexy; paralysis; epilepsy; convulsions; catalepsy; nostalgia; near-sightedness; ophthalmia; blindness; and deafness, with or without dumbness." This is far from being a complete cata-

* In a medico-*legal* work the query might be put as to *jail*-delivery. Why not parturition?

logue; but if our readers are curious on the subject, we refer them to Drs. Henning and Smith.*

Almost the whole chapter on DISQUALIFYING DISEASES is occupied with those relating to military service — which may appear rather amusing with regard to a state whose policy and pursuits must be any thing rather than those of the camp. Dr. Beck, however, discharges a duty to his country, by laying before those whom such things should concern, the regulations and customs of older governments in regard to these matters.

IMPOTENCE, STERILITY, and DOUBTFUL SEX, are chapters of great importance; but nothing we could select from them would interest the English reader, after the opportunities he has acquired of referring to writers at home, who have treated these subjects much in the same manner, and have preceded Dr. B. in deriving useful information from nearly the same sources. The doctrines laid down are identical with those of Smith, Paris, &c., and the illustrations are very nearly the same. If we were disposed to offer a criticism here, it would be one applicable to the work throughout rather than to this portion of it in particular. It certainly appears that there is a superabundance of complacency on the part of the compiler, both as to the authors and the authenticity of the materials he frequently refers to. For instance, the Faculty of Leipsic, whose judgments constitute a very amusing portion of Valentine's collections, are referred to occasionally with more respect by far than they are entitled to.

The same remarks will apply to the chapter on RAPE. We find an illustration here which may tend to put medical men on their guard as to drawing conclusions from specious appearances, favourable to preconceived notions on their own part, or to clamour on that of their neighbours: it is the case quoted by Dr. Percival† of a girl who died with appearances of injury about the parts, supposed to have been inflicted by a boy; against whom, in consequence of the Surgeon's report, a verdict of murder was returned. It soon appeared that these were but characteristics of a prevailing complaint, of which several fatal cases followed; and those concerned in the accusation were fain to undo their work in that respect. Dr. Beck is very elaborate in the law of this subject. We suspect *law-medicine* to be a copulative of real practical import in the United States.

We have a careful enumeration of all the signs of PREG-

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* Principles of Military Surgery; Principles of Forensic Medicine.

† Medical Ethics. It is alluded to in Paris and Fonblanque, I. 417.

NANCY, with an explanation of their phenomena, irregularities, and import; and directions for the conduct of the medical Practitioner in what he may have to do with regard to the numerous questions arising out of this state. In treating of SUPERFŒTATION he leaves us quite where he finds us — as so many good authors have done before him.

We find nothing to warrant any examination till we come to the subject of INFANTICIDE. This elaborate chapter is furnished by Dr. Beck, of New York, brother to the author, and of whom we had occasion to speak some time ago.* The different bearings of this very important subject are carefully brought together, and the article does credit to the industry and judgment of the writer. He divides the general question into its two gradations, viz. murder of the fœtus within the womb, or *criminal abortion,* and that more strictly denominated *infanticide,* or murder of the new-born infant, which have been collectively termed PROLICIDE by Dr. Gordon Smith.

Under the head of abortion, while we perceive nothing to animadvert upon, we cannot find any thing that would add to the state of our information.† Prefixed to infanticide, is a long and, in such a work, misplaced historical recapitulation of the practices of various nations as to the murder of children. We should censure an English medico-legal writer for such a dissertation in such a place; but we doubt not that our author's tact has guided him rightly.

On the knotty question of proving the vitality of the infant, Dr. B. has collected and well arranged all the doctrines and facts that are worth attending to. We may waive the discussion of the subject methodically, and sufficiently gratify our readers by selecting what strikes us as novel or felicitous in our author's way of managing it.

From certain investigations made by Bichat, both on the quadruped and human fœtus, he deduced that there is no difference, at least in appearance, between its arterial and venous blood. Fourcroy found, by chemical analysis, that it was destitute of the fibrous matter and phosphoric salts which exist in the blood of the adult or infant that has respired. Dr. B. adds, "These facts prove decidedly that there is a difference between the blood of a child that dies in the womb, and one which is born alive and has respired; and this cir-

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* See REPOSITORY, Vol. XXI. page 177.

† We may observe, however, that an article capable of procuring the death of the fœtus *in utero* has been discovered in the secale cornutum; and fears are expressed that it has been already used for that purpose in North America.

cumstance may be used as a criterion by which to determine whether it was possessed of life after birth." This is perfectly unexceptionable in theory, but is not likely to be very available in practice — for we are not instructed how to detect in the blood of a *dead* infant any differences of *appearance*, and as to chemical analysis it can be but very rarely resorted to. Making more of the circumstance than we fear will ever be practicable, it must take its place among the subordinate or concurrent proofs.

We pass to the main test, which rests on the specific gravity of the lungs compared with that of water. Here we coincide entirely with the position of Dr. Beck, that with due precautions it may be depended on as a safe and certain test. These precautions have reference to various incidental circumstances that may occasion apparent exceptions to the general rule, or prevent us now and then from coming to any conclusion whatever. We need not go over this ground, after the elaborate discussions all the points of the question have received from our recent writers. We perceive, with satisfaction, that the merits of the subject are much better understood than they generally were but a short time ago. There has been of late great improvement in the evidence given by medical men — than which nothing could be more erroneous or reproachful than the vague and unwarrantable assertions we were in the habit of meeting with in the public prints.

The only real objections to the test of Ploucquet are the want of a fixed proportion between the absolute weight of the lungs and that of the whole body, and the inference that, if there be such proportion, it is different from that laid down by Ploucquet. The latter is of little consequence, provided any other proportion be found prevalent; and as to the former, it must be confessed that the range of proportions in the examinations that have been made since the test was promulgated, has not been very favourable to the scale originally laid down, of 1:70 in the body where respiration has not taken place, and of 2:70 or 1:35 where the child has respired. Dr. Beck gives a table of forty-four experiments made by Chaussier and Schmitt — half in the bodies of infants that had respired, and half in those which had not. The mean proportion of the weight of the lungs to that of the body, in the former was 1:43½, ranging from 1:70 to 1:16; and in the latter 1:54, the range being from 1:108 to 1:23. As no light appears to have been thrown upon the test by experiments in this country, in which we consider that there is fair ground to censure the apathy of those who alone can contribute useful information on this topic — we mean prac-

titioners of midwifery — who have by no means proved themselves the most conversant with this branch of their duties, we may here add, that in the excellent treatise of Olivaud * there is a statement confirmatory of Ploucquet's own deductions, on the authority of Le Clerc and Dupuytren, in which the mean proportion of six cases where respiration had taken place was 1:33⅔ — a degree of precision greater than necessary to render this test a fit and satisfactory adjunct to the hydrostatic experiment. Dr. B. gives us the result of five experiments on this point, which we hesitate not to receive as confirmatory; although in *three* of them the results were wide of Ploucquet's scale, being in one case, where respiration had *not* taken place, as low as 1:29. But this fœtus had not passed the fifth month, and had been dead several days, at least, *in utero*. It was therefore an improper subject for experiment, and the record of such a fact is injudiciously made. The other two cases of exception were also such as should not have been selected for experiment — it being, we should have supposed, clearly established that the validity of this proof must depend upon the selection of unexceptionable subjects in making experiments. If, in real practice, we must now and then decline offering positive opinions, because the subject will not admit of fair investigation, the objection is vastly stronger against the selection of similar cases for induction. The subjects must be sound and *viable*.† We may take present leave of the matter, by expressing a desire to have the means of drawing conclusions from experiments carefully made by competent authorities *among ourselves*, so that we may not be perplexed with statements from quarters of whose accuracy it is no want of courtesy to say that we are not altogether satisfied.‡

Dr. B. goes on to argue for the importance of examining the size of the liver. The basis of this article of proof consists in the change that takes place in the course of circulation after birth. The blood in the fœtal state passes in great measure through the liver, and the lungs receive no more than the proportion necessary for the maintenance of their vitality in common with the other parts of the body; but as soon as respiration takes place, the whole mass of circulating fluid passes through them and augments their

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* De l'Infanticide, &c., par J. E. Olivaud. Paris, 1802. P. 25.

† See Smith's Principles, &c., on this point, p. 359, second edition. Dr. Paris, in our opinion, has dismissed this question too abruptly.

‡ It is hardly necessary to say that we do not here allude to Dr. Beck.

volume. The reverse takes place with regard to the liver — the size diminishes; and this is one of the means by which the thoracic cavity attains expansion, as thereby the descent of the diaphragm is facilitated. Dr. B. suggests, as a counter-test to that of Ploucquet, that the absolute weight of the liver should be ascertained before and after respiration, and compared with that of the whole body. "To exemplify," says he, "if by the application of the test of Ploucquet in a case of supposed infanticide, it should be found that the lungs had acquired the weight of those of a child that had respired, and if, by a subsequent examination of the liver, it should appear that this organ had lost none of its fœtal blood, then there would be just ground for suspecting that the increased weight of the lungs was owing not to respiration, but to some other cause."

We shall not lay ourselves open to the censure of those who may hereafter have occasion to notice this as an important practical application, by any conjectural predictions; but we do not consider the viscera in question to be in parallel circumstances, and we think Dr. B. should have given more weight to his hint by adding the result of investigations, had they been ever so few.

We find nothing further under the head of Infanticide to warrant our extending the subject: it concludes with an account of the laws of various countries against prolicide, as it began with its history.

The next chapter, on LEGITIMACY, is entertaining enough, and of sufficient importance in itself, though offering nothing original — if we except the concluding story, which we shall give in the author's own words: —

"Lucy Williams, a mulatto woman, was delivered January 23d, 1807, of a female bastard child, which became a public charge. On examination, according to our laws, she stated that Alexander Whistelo, a black man, was the father of it, and he was accordingly apprehended, for the purpose of obtaining from him the necessary indemnity for its expenses. Several Physicians were summoned before the police justices, who gave it as their opinion that it was not his child, but the offspring of a white man. Dr. Mitchill, however, thought it possible, nay probable, that Whistelo was the father. In consequence of this diversity of opinion, the case was brought up for trial before the mayor, recorder, and several aldermen, on the 18th August, 1808. It appeared in evidence that the colour of the child was somewhat dark, but lighter than the generality of mulattoes, and that its hair was straight, and had none of the peculiarities of the negro race. Many of the most eminent members of the medical profession were examined, and they all, with the exception of Dr. Mitchill, declared that its appearance contradicted the idea that it was the child of a black man. Dr. Mitchill, for various reasons

(for which I refer to the account of the trial *), placed great faith in the oath of the female, and persisted in his belief of its paternity, although he allowed that its appearance was an anomaly. The mayor and the court decided in favour of Whistelo."

We shall pass entirely over the chapter on SURVIVORSHIP. That of AGE and IDENTITY is likewise of too little importance to call for particular notice.

As a general term for diseased states of the mind, Dr. B. has chosen MENTAL ALIENATION, and follows the divisions of M. Esquirol, as to the varieties of the disease, into — 1st, *Mania*, where the hallucination is general and accompanied with excitement; 2d, *Monomania*, where it is confined to one or to few objects; 3d, *Dementia*, where a person is incapable of reasoning, from some functional disorder of the brain, not congenital; 4th, *Congenital Idiotism*. Of all these a good, though short, description is given, illustrated by a few striking examples. Under the head of Melancholy, a fixed position of the body is noticed as frequently characteristic; of which an instance occurred to Dr. Rush, where the patient sat with his body bent forward for three years, without moving, except when compelled by force or the calls of nature. In another, a particular spot was occupied by the sufferer, where he remained more like a statue than a man; and was so insensible to cold, as to remain at his post when inflammation and gangrene had been induced in his face and limbs by the severity of that agent. †

We have read several cases of degeneracy from the rational being into something resembling the lowest grade of organic life. Dr. Rush relates that of a person, in whom the progress of the reasoning faculty had been arrested at a very early period. When twenty years of age he had the head of a man, but all the parts below resembled those of a child of two or three years only; and he could neither walk

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* As we are not likely to obtain access to this *important* document, we must put up with the following part of Dr. Beck's note: — "The main scope of Dr. Mitchill's argument appears to have been, that as alteration of complexion has *occasionally* been noticed in the human subject (as of negroes turning partially white) and in animals, so this *might be* a parallel instance. He would also seem to be a believer in the influence of the imagination over the fœtus" — and, we doubt not, is a rare philosopher, as well as an eminent special pleader, every way worthy of notice in a continuation of Knickerbocker.

† *Query:* The truth of the stories of the pillar-saints in early Christian history is unquestioned — do we find in this characteristic of monomania any explanation of the otherwise almost incredible phenomenon?

nor speak. He had shed his teeth, and then exhibited a third set in three distinct rows in his upper jaw. He could not, however, chew his food. His ears were very large. When hungry or in pain he cried; but often disturbed the family for nights together by boisterous laughter. He manifested affection for his mother and sister, for a dog, and for money — the procuring of gingerbread by means of which, accounted for the last predilection.

Dr. B. refers us also to the case recorded by Mr. Hobhouse of the female he saw at Smyrna, and of whom the traveller has given a profile; but we doubt whether a more melancholy or more striking instance can be found on record than one which came within our own knowledge. Two years ago we passed the summer in a very remote county in the northern part of the kingdom, and there became acquainted with the following history: — The son of a respectable farmer had received the excellent and regular education which it is in the power of persons of limited means to bestow upon their children in Scotland, in order to qualify him for the medical profession; and he was actually pursuing his studies for that purpose, when he contracted, or persuaded himself he had contracted, a certain disorder, to which, among the moral inhabitants of the remoter districts, is attached every idea of shameful depravity. The sense of his situation seized with such force upon his (perhaps morbidly) sensitive mind, that the consequence, after twenty years' possession of a superior degree of intellect, and the acquisition of at least a competent share of knowledge, was the utter extinction of the rational being, and his degradation to a mere mass of animal substance — of which the only remaining evidences for many years have been the continuance of the functions indispensable for its existence, and of those which constitute him the most offensive of all nuisances in his hapless parents' house. The want of food stimulates him to utter uncouth cries; but in the apparent scale of existence he has fallen below the meanest animal about his father's walls.

Dr. Beck has made a judicious selection of cases to illustrate the didactic parts of this chapter, which we doubt not will be found one of the most useful in the work. He informs us of a law in the State of New York, by which the property of habitual drunkards is placed under the care of the chancellor, in the same manner as that of lunatics: they are not, however, released from responsibility for criminal acts committed in a state of intoxication — the *voluntary* use of a stimulus which will disorder the mind very properly placing them under the same amenability as other evil-doers.

The subject concludes with a few cases illustrative of the manner of dealing judicially with the deaf and dumb; but we do not see with what propriety this subject is included under the head of *mental alienation.*

We now come to the second volume, which is intended to be a distinct part of the work, involving those questions that relate to death. Our author begins, very properly, with those cases that approximate nearest to natural events — as where a person is found dead, and the cause discovered to be some disease or accidental derangement arising in the body, or some natural influence from without. The author is very brief in his observations here, and suggests nothing new — nay, so closely has he followed Dr. Smith, that he very candidly alludes to the similarity, although he declares the general course of remark to be taken from Fodére. With regard to our countryman, we are warranted to say, that in paying due attention to Fodére he by no means confined himself to that author, and has not considered him altogether a proper model. It is no more than justice to add, that Dr. Beck appears scrupulous throughout his work to give to every one his due. In doing so, he has perhaps compelled us to estimate its originality lower than might otherwise have been the case. Such instances of literary integrity are the more deserving of commendation, that they are by no means too frequent.

In the details of this subject he begins with some general rules for medico-legal dissection, recommending Rose's Manual, as translated by Marc,* in the strongest manner, and making free use of it. The directions are good; but the notice we propose to take of the work whose title we have associated with that of the volumes under immediate consideration, necessarily supersedes all examination here. He goes at some length into the discrimination between *ecchymosis* and *sugillation,* and examines the import of various appearances connected with the blood. To these we may in a future Number direct the attention of our readers more advantageously than could be done at present.

Our author, in proceeding with the signs of death from *noxious inhalation, hanging,* and *strangling,* does great justice to the material importance of the subject — though still we find nothing that would add to our own knowledge or our readers' means of acquiring information. The same may be said of death by *drowning.* Here, however, with reference to some statements contained in an original communication of

* Manuel d'Autopsie Cadavérique, &c. — one of the best standard medico-legal works we have met with.

the present Number of our Journal,* we shall make a pause, for the purpose of alluding to the received opinions on the question of water entering the lungs.

The presence of a small quantity of water in the lungs of drowned animals has been admitted on all hands as an occasional occurrence; but it has been questioned whether it be correct to set it down as the cause of death. Dr. Smith is of opinion that it is introduced *after death.*† Dr. Paris admits, as a general proposition, that the presence of water in the stomach *and lungs* of a person taken out of the water dead, is proof of his having been plunged in during life.‡ This author further allows, that "in the violent struggles of a drowning man, a certain portion of water generally passes the epiglottis; and being immediately mixed with the air and mucus of the trachea, constitutes that frothy mucus which we have described as being so highly characteristic of this species of violent death; although we are not to conclude, with *Larrey*, that it is the immediate cause of dissolution in such cases. The quantity of water, however, thus forced into the pulmonary structure is extremely small, for its entrance is powerfully opposed by a spasm of the muscles of the glottis;‖ were it to occur in any considerable quantity, and to appear in its fluid state, instead of that of froth, the influence would clearly be that *it had passed in after death.*" §

Professor Orfila, in his last published and truly excellent

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* See page 18. † Principles, &c., p. 224, second edition.

‡ Medical Jurisprudence, II. p. 38.

‖ Dr. Paris here subjoins the following note: — In an experiment with a drowned cat, Mr. Brodie found less than a dram of water in the bronchial vessels. Other physiologists have ascertained the same fact by drowning animals in different coloured fluids.

§ While upon this subject, we shall add another note or two from the same part of Dr. Paris's work:—

"De Haen thought that death was produced in drowning by the water flowing into the lungs, and thus stopping the passage of the blood in the arteries. This belief gave origin to *the very erroneous and mischievous practice*, which still continues amongst the more ignorant, *of suspending drowned persons by the heels*, or of rolling them over barrels."— Note (*b*), page 35, Vol. II.

"—— Nor would the presence of water appear to be immediately fatal when introduced into the lungs. *Dr. Goodwyn* poured two ounces of water into the lungs of a cat through an opening made between the cartilages of the trachea; the animal had an immediate difficulty of breathing and a feeble pulse, but lived several hours afterwards, without much apparent inconvenience; it was at length strangled, and the water was found in the lungs. From which it would appear, that the admission of a certain portion of water does

work,* gives a very complete and satisfactory summary of this question, drawn from experiments made for his own information. He drowned animals, in water coloured black with various substances, and found it to be *a constant and certain fact* that water does enter the lungs of those drowned, but in small quantity, and *always combined with air,* forming a frothy matter, which may sometimes be distinguished by the naked eye, under the pleura; and that it can be expelled by pressure on the lungs through the bronchia and trachea. With regard to the experiments of Goodwyn and others as to the presence of water causing death, this author considers that the animals which were made the subject of experiment, having the power of respiration, were not placed in the same circumstances as those which are submersed in water; and while he declines assigning an important part to the water that enters the lungs, he admits it as a *secondary cause* of asphyxia by submersion. A little farther on, however, he seems to go beyond this, when, allowing to Marc the propriety of his manner of classifying drowned bodies, he declares his opinion to be, that "asphyxia does not in any case produce death, unless there be liquid in the lungs." †

Coming back now to our author and to the subject, rendered, we hope, more tangible by the foregoing digression, we find that the question is not as to the presence of water in its natural liquid state, but in that of frothy mucus, or water mingled with air. We might follow Dr. B. in citing many respectable authors who have not always found it in those who were unquestionably drowned: among these we might quote Belloc, an estimable medico-legal writer. On the other hand, a similar appearance has been detected in the lungs of those who have died from other causes. It is found

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not tend to hasten death. The author of this note was present at an experiment made by *Mr. Brodie*, in which he drowned a guinea-pig, whose trachea had been previously perforated; so that in this case no spasm of the glottis could arrest the ingress of the water into the pulmonary air-cells; but this produced no modification of the usual symptoms, nor did it prevent the resuscitation of the animal, which was afterwards effected by the appropriate methods." — Note, p. 36.

* Leçons de Médecine Legale, Tom. I. p. 545, &c. — a work that has been (we confess for ourselves) culpably neglected among the bibliographical notices of our journals.

† As far as we have gone in this discussion at present, we have stated the case *fairly*. We reserve till a more fit opportunity its consideration as to the practical purposes of resuscitation. Orfila, in his small work entitled "Leçons à donner aux Personnes Empoisonnées et Asphyxiées," translated by Black, expressly forbids hanging drowned persons by the feet, shaking them, &c.

sometimes in cases of disease, as epilepsy, &c.; and it is worthy of suggestion to those who make experiments on this subject *judiciously*, that care should be taken to ascertain what precise quantity of water enters the lungs in any given case — for it is by no means proved that a very trifling quantity may not produce all the appearances of repletion, if the air be well distributed through it.

On the other points for consideration in questions as to death by drowning, we need not detain our readers. Dr. B. introduces a case as having occurred above twenty years ago in the State of New York, which in its moral circumstances resembles the celebrated affair of Sarah Stout; but its *medico-legal* import is too slight (according to the manner of relating it) to require its insertion here.

Under the head of WOUNDS, our author gives a good view of the relations of death from their agency to judiciary inquiry; but he adds no new illustrations, if we except the case of a man in Philadelphia, who lived thirty-eight hours after receiving a blow on the head. In the mean time he drank a quantity of spirits, and was seized soon afterwards with the usual symptoms of pressure on the brain. The bone and brain beneath the part injured were sound, but the mucous membrane of the cardia and upper part of the stomach was greatly inflamed. The medical witnesses* gave it as their opinion that the injury of the head had not been the cause of death. Dr. Beck accords with that opinion in the present instance, but suggests whether, "in some cases of severe injury to the head, a similar appearance of the stomach may not be produced?" Is this coincidence with, or an assent to, the original opinion of John Hunter concerning those cases in which he first detected the digestion of the stomach *per se*? †

There now remains only the article of POISONS; and a most important one it is. Premising that it is the result of the same laborious research and judicious compilation that characterise the work throughout, and that the order of arrangement is that of mineral, vegetable, and animal poisons, in the first instance, and subordinate to this the classification of Fodére as to their action, we shall endeavour to glean from the details such suggestions or passages as

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* Whose names were *Drs. Hartshorn* and *Klapp*. The Medical Faculty in the United States present some happy coincidences between names and profession. We shall presently have occasion to mention Dr. Physick — and some of our readers are, perhaps, no strangers to Dr. Rhubarb.

† Consult Smith — Appendix, No. XIII.

promise contributions to our toxicological knowledge. America is a side of the globe in high repute for products of this nature.

Dr. Beck has enumerated a list of substances of a poisonous character, the individual varieties of which amount to 178 — the greatest proportion ranking under the class of *acrid*, and the next under that of *narcotico-acrid poisons*. His general observations on the signs of poisoning, both in the living and dead body, are particularly well drawn up, and mark a talent for concentrating information from various sources for a practical and useful purpose. Adhering, however, to our principle of introducing that only which is original, or otherwise inaccessible to our readers, we cannot extract much of this valuable digest.

Proceeding to individual poisons, he commences with *arsenic*. In doing so we think he has manifested considerable judgment; and although the example of Orfila be against the practice (and that example is every way worthy of respect), we are decidedly of opinion that under no other article of toxicology can so many general principles be laid down or illustrated. The whole discussion is characterised by industry, candour, clearness, and intelligence. It contains, moreover, the details of a case, which appears to have occasioned polemical bustle enough in the State of New York, but which we decline giving any account of, not perceiving any instruction or illustration that could be drawn from it.

Under the head of antidotes, we find our friend Mr. Jukes made sufficiently prominent. We have no doubt that his useful apparatus was *a discovery*, as far as he is concerned; and though he is by no means the first who has alluded to a plan for evacuating the contents of the stomach, what has any other person in Europe done in the matter beyond *proposing* it? Here we have Dr. Beck claiming priority of invention for Dr. Physick. "I conceive," says he, "Dr. Physick is entitled to *the honour of having been the first who saved life by its means.*" Mr. Jukes was the first who *put his own life in jeopardy* for the sake of his fellow-creatures, and we fear has been the only one; for he has not been able yet to find a Practitioner who will consent to make himself the subject of experiment, although they are generally very well disposed to make use of his stomach for their instruction. We are a little amused at the attribution of the original suggestion of all to Dr. Munro, of Edinburgh, so far back as 1797. It is much older than his time — Boerhaave had, at least, as much to do with it.

We are sorry to tell Dr. B. that the well-intentioned bill

with respect to the sale of poisons did not pass in 1817. Dr. Smith, in his second edition, will give him some account of this matter.

Under the head of ANTIMONY, we are told of two cases communicated to the author by Dr. Francis, in which, tartar emetic ointment being used during an improper length of time, " the effects upon the constitution were similar to those at times arising from arsenic employed in the same manner."

We must pass over the remaining metallic poisons without particular notice. The articles are well drawn up and sufficiently interesting; but contain no information that may not reward an ordinary share of diligence in consulting our own physico-literary stores. A similar remark is applicable to the acids. He concludes the subject of mineral poisons by a neat tabular summary of general results drawn from experiments on the principal poisons of this kingdom of nature, for which we regret that we cannot find room.

Concerning *vegetable* poisons, it is observed that they present much greater obstacles to detection, and that, *as there are no tests* for this purpose, the symptoms become the leading guide; by this time we doubt not Dr. B. is aware of the necessity of admitting exceptions to part of these general truths. At the same time, we must join in the regret that so much greater difficulty encompasses the subject. In the long catalogue of individuals ranking under the head of *acrid poisons,* we have little to attract notice beyond their enumeration; and some of them are too remote from our acquaintance to require notice. Of *oxalic acid,* he observes, that of eleven cases, which are recorded, nine (all accidental) have proved fatal, and that all these occurred, within two years and a half, in England. The *accident* has happened again; and a most scandalous delicacy was observed in suppressing the name of the last delinquent who sold this poison for Epsom salt. There can be *no excuse* for such an occurrence; and if the next offender were prosecuted for manslaughter, and punished as he should be, we should hear no more about coroners' inquests from such a cause, and be no longer disgusted with trumpery announcements about *safe Epsom salts.* Why do not the constituted " guardians of the public health" perform their duty? Is there a legislative distinction between *health* and LIFE?

Under the head of *opium* (in the class of narcotics), our author very properly reprobates the practice of administering preparations of this drug to infants; and particularises *Godfrey's cordial* as the means of laying the foundation of irreparable mischief to their tender frames. When a child

cries, the ignorant, or probably still more culpable mother, stills its importunities with a narcotic. On the morning of the very day on which we are penning these sentences, we read of a tragic mistake in regard to this execrable *cordial.*

In addition to what has been recorded as to the treatment of poisoning by opium, we may quote the case of a lunatic (alluded to by Dr. B.), who stole two ounces of laudanum, which was supersaturated with carbonate of potash, and swallowed it without any bad consequences. "I have known," he adds, "most happy results from a repetition of strong enemas of assafœtida, particularly during the latter comatose stage."

In treating of *prussic acid,* Dr. B. makes particular account of the case of Donellan, and gives the evidence of John Hunter at length. It is now quite unnecessary to swear *in illius verba* — the scepticism as to the justice of the prisoner's sentence must henceforth hang upon some other peg.* Our author sides with Dr. Smith and Dr. Paris† in their dissent from the opinion of Dr. Male — an opinion that has been too positively and too hastily recorded.

To the effects of *secale cornutum* in facilitating the process of parturition the Practitioners of this country are no strangers. It has long been known as a deleterious substance on the Continent of Europe. Some of our readers may not be aware that it is a morbid excrescence which appears upon rye — a grain not much used in this country. The term *spurred rye* denotes the grain which bears this shoot, in shape resembling the spur of a cock, and of a violet colour. When the rye upon which it has made its appearance has been carelessly ground, and this substance is mingled with the bread, serious complaints, ending in gangrene, have succeeded.

On reaching the division of ANIMAL POISONS, we must confess our surprise at finding so little information from a quarter where examples of their occurrence are so frequent. The principal portion of what our author advances concerning the *rattlesnake* is taken from Sir E. Home; and of *poisonous fishes* there is but a meagre account, drawn from European authorities. We were before aware that an opinion existed in North America concerning the poisonous effects of *pheasants.* Dr. B. confirms the notion, and acknowledges the cause, viz. the birds feeding on the buds of the laurel in winter and spring. *Honey* is poisonous occasionally, and this has been experienced in the States; while the cause assigned is the bees feeding on poisonous plants.

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* See Appendix to Smith's Forensic Medicine, No. XXI.

† Medical Jurisprudence, II. 401.

The work concludes with some not very satisfactory remarks on the effects of punctures received in dissection.*

There can be no occasion for a formal summary of our opinion respecting the merits of these volumes. As far as regards their utility, it is great: as a literary production, if there be no distinction in point of excellence (and the language is often inaccurate and even ungrammatical), there seems to be an absence of pretension and affectation. Great pains have been taken to aid the administration of public justice by a careful examination of the numerous topics of medico-legal interest; and we apprehend that the author will be rewarded with more ample success than is to be looked for by those who have laboured in the same department for the honour and advantage of British jurisprudence, in its present advanced stage of existence.†

In proceeding to notice the work of M. Chaussier, it is but scant justice to premise part of his own explanation as to its history. It has been printed for several years, but remained in the warehouse waiting for the plates and their intended descriptions.‡ In the meantime, the precepts and observations contained in it were promulgated freely in his public lectures, and found their way (as the doctrines, opinions, and statements of all celebrated teachers do,) into print through various channels. "I merely make this remark," says the worthy Professor, amusingly enough, "to avert suspicion of being the plagiarist of my own plagiarists."

While upon this subject, however, we may as well add the following sentence, for the edification or mystification of all who have been or may be concerned in the concoction of academical doctorates — not knowing the *real* meaning of a

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* Dr. B. promises, however, some farther consideration of the subject in a future work on Medical Police.

† We trust we shall be pardoned for acknowledging, that, in perusing Dr. Beck's volumes, we derived considerable and allowable gratification, not merely from perceiving how frequently the pages of this Journal are referred to as sources of information, but from the distinction paid to it of having furnished the motto on the title-pages: — "PROPERTY, REPUTATION, LIFE, OFTEN REST ON THE PROFESSIONAL EVIDENCE OF MEDICAL PERSONS. — *London Medical Repository.*" We are not afraid, however, of accusations of undue partiality in the above review.

‡ M. Chaussier does not adduce this exactly by way of apology, and nothing could be less satisfactory in that shape; for "*the plates,*" as he is pleased, *à la Française*, to dignify them, are merely diagrams of the rudest description with which coarse paper could possibly be blotted.

passage, which we pledge our Gallicity for having faithfully translated. "Be that as it may, this volume contains, 1st, Medico-legal considerations on the mode of procedure in the opening of dead bodies, especially in the case of judiciary investigations — *a dissertation which I gave to M. Renard, student in medicine, who printed it in* 1814 *as his thesis.*" M. Chaussier surely was a *Professor*. Are we to understand that ten years ago he carried on the business of a *grinder?* — but "be that as it may," we have the pleasure of seeing that he consoles himself for the loss of his chair, by proposing to resume some original plan, which promises a sequel to the present truly interesting volume. There is a second part of the work, consisting of judiciary reports, accompanied by criticisms of our author. These consist, partly of authentic documents concerning the death of individuals of note, and of a considerable number of greater consequence to the science of legal medicine, though not of historical importance. The third and last part is an inquiry into the distinctions, &c., of *ecchymosis, sugillation, contusion,* and *bruise.*

We shall not extend our analysis at present beyond Part the First, which contains some very important instruction.

Our author commences the proper business of the volume by recapitulating the ordinary methods of opening bodies, which we need not here detail; and declaring them to be altogether unfit for the accomplishment of the object proposed. He accuses those who follow them (and from personal knowledge we can bear him out in the too frequent aptitude of the quotation) of meriting the sarcasm of Van Swieten: — "*Sæpe quando imperiti cadaver examinant, non tam lustrant vulnera quam faciunt.*" *

The following quotation, however, we cannot forego: —

"Let us remark, first, that the order observed in opening the visceral cavities is any thing but convenient — for by commencing with the abdomen a fœtid odour escapes, which fills the apartment, and may annoy the bystanders — as the contact of air upon the contents of this cavity hastens and increases their tendency to putrefaction. Moreover, if for future researches it should be necessary to turn the body, the bowels fall out and spread themselves upon the table. Farther, the crucial incision discovers but part of the abdominal viscera, while those of most importance in the examination remain hid under the concavity of the diaphragm, or the cartilaginous portions of the ribs; and in order to perceive them, partly at least, it is necessary to pull them about, turn them over, and therefore alter their true situation and disposition," &c.

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* In Aphor. 173.

In like manner, he animadverts on the impropriety of opening the thorax by breaking the ribs — a practice that not only deranges the parts, and may create confusion in cases of wounds, but which is fraught with danger to the operator, as he may wound himself with a spicula from one of the fractured extremities. This practice, however, is not common, at least in England. We cannot follow up his sensible and well-founded objections to the ordinary methods of opening the cranium, whereby unnecessary derangement is frequently caused in the parts contained in its cavity: the concluding sentences of this passage, however, are so forcibly penned, and so truly applicable to ordinary practices, that we cannot withhold them: —

"In fine, when we consider the human body deformed in this manner, disguised, and bloody in all parts, it is impossible to imagine such dilapidation to be the result of the researches of a wise and sensible man — one would rather believe that he saw the fragments of carnage by the most ferocious animal. Nevertheless, imitation and thoughtlessness preserve and propagate from age to age these indecent and coarse proceedings; they are copied even into the most modern works — tolerated, nay even taught in certain schools of anatomy, where the young student contracts vicious habits, which he carries with him into the practice of his profession."

The following general rules to be observed in opening bodies for judiciary purposes merit extraction at large — we shall present them in as condensed a form as perspicuity will admit of:

1. No incision either useless or foreign to the purpose in view should be made. 2. The incisions required for laying open the splanchnic cavities should be made so as to display the viscera in their greatest extent, and at the same time avoid any alteration of form, situation, or existing disposition. 3. They should not involve either the viscera or the large vessels. 4. If there be one or more wounds penetrating such a cavity, let the finger be introduced, or a blunt probe, or a flexible gum bougie, in order to ascertain the depth and direction; and in such cases the incisions necessary for opening the cavity should be made at such a distance from the wounds as to preserve their form and dimensions. 5. Bones should never be broken, nor soft parts torn asunder; let them be always divided by clean cuts. 6. The general form of the body should be preserved as entire as possible, and care must be taken particularly not to disfigure the face. 7. In cases of official inspection, no portion of the body should be separated or taken away without giving information. 8. The examination should not be confined to the parts injured. There may exist in the cavities old deep-seated injuries, that have excited a mortal influence at the

time of the accident, or may, at least, have greatly aggravated the wound: it is therefore necessary in all cases to open the three great cavities, and sometimes also the spinal cavity. 9. The most convenient order to follow will be, to begin with the spine and the head, and to finish with the abdomen and genitals. 10. If in any of the cavities we find effused blood, let the coagulated portion be abstracted by the hand, and the fluid by a sponge, squeezing it into a vessel; so as to be able to measure the quantity, and detect the opening from whence it has issued. 11. If there be any other fluid, let it be carefully transferred to a separate vessel. 12. If there be reason to suspect the presence of poison in the stomach, that organ must be carefully removed from its natural situation, and examined in such a way as to preserve its contents. 13. If the instrument by which the wound has been inflicted remains in the body, or any extraneous substance be buried in the parts, before extracting them it will be proper to examine their form and direction and the state of the injured organs, to determine whether the individual has lived a longer or shorter time after the wound; whether this has been made or augmented after death; if it was possible or easy to have extracted the foreign bodies from the wound, and if any attempts to that effect have been made. 14. These researches should always be made with the greatest promptitude, and accomplished at one visit.

We have often been dissatisfied, not only with manifest ignorance of such principles as the foregoing, but still more so by observing how ill-prepared Surgeons come to the performance of this very important duty. This would be apology sufficient for adding an abstract of our author's instructions on the head of the implements, &c., necessary for the inspection of dead bodies. We are very sure that accidents would happen less frequently to dissectors, if they were always furnished with more appropriate tools.

Planks, supported firmly and of a proper height, should be preferred to a table. It is rarely the case that such a piece of furniture is to be had, of a proper size or shape, in a private house; and planks are more convenient every way, particularly for after-purposes of cleanliness. There should be a sufficient supply of cloths, water, and clean empty vessels, not omitting sponges. M. Chaussier recommends nitrous fumigation — this we must leave to the discretion of the parties; but may remind our readers of the important services to be derived from washing a putrid body with chloruret of lime.* In the list of instruments, besides a variety of

* See Repository, Vol. XX. p. 533.

knives, scalpels, scissors, &c., we find steel wedges and a small iron hammer, a strong-backed knife for striking off the processes of the vertebræ, a compass for taking the dimensions, and a graduated sound for measuring the depth of wounds, with flexible tubes for injecting air, needles, &c. &c.

M. Chaussier further enjoins the practice of providing lunar caustic, caustic potash, and nitric acid, in case of a cut or puncture in opening a putrid corpse. The wounded part should be immediately pressed, so as to squeeze out the juices and expel the blood, and it should then be cauterized. He prefers the nitric acid to either caustic, as a sure method of preventing infection.

Previous to entering on the examination of the cavities, M. Chaussier recommends a careful and minute survey of the external appearance of the body, and circumstances in connexion with it, in order to throw light upon the history of the case. If found in a suspicious or remote place, the clothes should be examined, and their appearance particularly noted as to wet, filth, lacerations, &c.* The body should be washed, and all discolorations especially attended to. Search should be made for wounds, fractures, or luxations. To the great importance of all this we are fully alive, but doubt whether the following injunction, as applicable to every case, be not rather an unnecessary refinement: "and although there may not be any external appearance of violence, yet as a blow or a percussion sometimes produces a profound contusion, or laceration of the muscles which lie next the bones (particularly in those muscles which are covered by a strong aponeurosis), it is necessary, in order to be assured, to make a long and deep incision down to the bone, in such a direction as to avoid the large vessels." If there be any thing in the history of the case to suggest this, even in the absence of concomitant external appearances, let it be attended to. He also recommends, in cases where it may not be requisite to open the canal of the spine, to cut down at each side of the spinous processes, in search of deep-seated contusions.

He recommends an examination of all the passages about the head and face; to press upon the thorax, in order to see if any fluid can be forced through the mouth or nostrils; and to do the same to the female breasts, with a view to verify the presence or absence of milk; a particular examination of the abdominal parietes and parts of generation — with a minuteness and precision that we have not space to copy.

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* This, when an opportunity of attending to it is afforded, falls most strictly within the province of the medical Practitioner.

In laying open the SPINAL MARROW, the body is to be placed in such a posture as to raise the lumbar concavity to a level with the rest of the vertebral column. With a strong knife the parts are to be divided transversely from the base of the one mastoid process to the other, down to the bone; and a longitudinal incision is then to be drawn, from the middle of the occiput, along the median line of the body, to the sacrum, detaching the skin and muscular substance to each side. A saw is then to be applied as close as possible to the transverse processes, and each vertebra is to be cut successively *from below upwards:* when this has been done throughout, the whole series of spinous processes is readily removed at once. If any points of bone remain in contact, a blow from the hammer on the blunt knife will complete what is necessary. In the course of our progress we are to keep a sharp eye for injuries among the parts we are operating on; and, when the cavity is laid open, the healthiness, or deviations in that respect, of the contents must be carefully inquired into. Our author observes that the veins are often gorged with blood, and that a certain quantity of serum, limpid, yellowish, or viscid, is sometimes found in the dura mater. This congestion is ordinarily the mere consequence either of death, of the symptoms that have preceded it, or of the position of the body; and the same is the case with the lymphatic effusion.

In opening the CRANIUM, after shaving and removing the scalp, the head is to be held firmly, by an assistant applying a hand to each ear; an incision is then to be made from the root of the nose, in the direction of the median line, to the spinous process of the fifth or sixth cervical vertebra, and another from the superior and posterior edge of the one ear to that of the other,—both down to the bone. The four portions are to be dissected closely, and turned down, while the blade of the knife is to be inserted under the temporal muscles, which are to be turned down also over the zygomatic arch: the same process will clear away the muscular substance from the occipital bone and the first vertebræ of the neck.

The cranium being now fairly exposed, trace, with the point of a knife, a line from the middle of the os frontis, a little above the superciliary processes (in order to keep clear of the frontal sinuses), round by the occipital bone, a little beneath its superior arch. Upon this apply, at equal distances, the trephine, making a perforation where the frontal bone articulates with each parietal, and one near each mastoid angle of the parietals — four in all. The portions of bone being removed, pass the flexible blade of a blunt knife (or rather spatula) under each opening, and detach the dura

mater. The saw is then to be carried round the line, and if any portions of bone remain undetached after its application, a slight blow on a wedge or thick knife will finish that part of the operation; and the calvarium will be easily removed.

But we have not done yet. Part of the os occipitis and of the cervical vertebræ must be removed, in order to obtain a perfect view of the brain and cerebellum. A line is therefore to be traced on each side of the cranium, from the mastoid angle of the parietals as high as the condyle of the occipital, upon the parts lateral and a little posterior to the atlas and other vertebræ of the neck. After detaching the membranes with the spatula, the saw is to be applied with caution, on account of the inequalities of the scull hereabout, and the bone removed in the same manner as before, detaching the spinous processes as previously directed.

Such is an outline of the method to be followed generally; but the modifications that circumstances may call for deserve particular notice.

"If, for example," says this accurate necrotomist, "there should be on the right side of the head a contusion, wound, fracture, depression, or other alteration, creating presumption as to an effusion of blood between the cranium and dura mater, or a collection of blood or of pus either in the right ventricle or substance of the brain, — for the purpose of ascertaining accurately its situation and extent, it will be proper to remove merely the left portion of the cranium at first, and preserve the right entire. For this purpose, after detaching the integuments by a crucial incision, make a semicircular cut with the saw from the middle of the os frontis to the middle of the occiput; then with the same instrument carry a longitudinal opening in the median direction, commencing and terminating at the same points. The removal of this segment of the cranium will afford sufficient space for detaching easily all the left portion of the cerebrum, in order to examine the right in its natural position."

The same principle, *mutatis mutandis*, is applicable to partial removal of the cranium, when the injury is in the front or in any other part; but our author expressly enjoins in all cases the application of the trephine and spatula, before making use of the saw.

The calvarium, being removed, is to be carefully inspected; as also the dura mater, before disturbing it. In proceeding to this latter part of the process, the membrane is to be raised by a pair of dissecting forceps, and the incision made by a pair of scissors (curved, we take upon us to recommend,) from the middle of the front to the centre of the occiput — then transversely, from each ear to the longitudinal sinus: the portions of the membrane are then to be dissected away, and the surface of the brain, covered with the pia mater, will

be displayed. Where the occipital part of the cranium has been removed, the dura mater of the spinal marrow is to be divided upwards and laterally, in the direction of the sinuses. Attention must be paid, ere proceeding farther, to the appearance of the parts now exposed, particularly to the state of the vessels.

In examining the brain itself, we are first to separate the two hemispheres a little, in order to reach the extremity of the falx with the scissors: we detach this backwards, and then proceed to cut the substance of the brain horizontally, on the level of the corpus callosum. In the subsequent details as to the examination of the ventricles, choroid plexus, cerebellum, &c., there is nothing unusual; the caution as to marking accurately any deviations from healthy structure being repeated in the most pointed manner.

Inspection of the THORAX. — Make a longitudinal incision in the direction of the median line of the body, from the top of the sternum to its abdominal extremity; a transverse one in the direction of the clavicles, terminating at each acromion; and a third along the cartilaginous boundary of the ribs, across the bottom of the xyphoid cartilage, terminating near the protuberant extremity of the fourth false rib. Dissect back the large flaps, comprehending all the muscular substance on the anterior surface of the abdomen, observing whether any marks of violence exist in the thickness of these parts. The ribs are to be cut with the saw, as far back as the denudation of the soft parts will admit, omitting the first and two last; and the sternum is, in like manner, to be divided transversely,* and turned down upon the abdomen; separating the mediastinum, &c., with the knife, close to the bone. Our author advises to guard the extremities of the divided ribs, by folding a napkin over them before introducing the hand; which is now to be done, raising the lungs from behind, and examining their surface. A long incision is to be made in the posterior mediastinum, to lay bare the œsophagus and aorta. Having examined their state, we return to the pericardium; and, elevating its extremity with the fingers, a longitudinal incision is to be made first, and then a transverse one. All the circumstances about this organ, or the heart and its vessels, are to be observed, opening them, and noting their colour, structure, contents, &c. — into the particulars of which we cannot enter, and must refer the reader therefore to his own pathological information for further guidance. The general rules already given (Nos. 10,

* Taking care not to go too near the clavicles, on account of the large veins.

11,) with regard to the presence of blood or other fluids, are to be put in practice.

Where there is fracture of the ribs, or a wound penetrating the cavity, care must be taken to divide the ribs of the sound side only, directing the saw obliquely from the second to the eighth; then with a curved scalpel cutting the cartilages of the second, third, fourth, fifth, sixth, and seventh, near the sternum, and with the point completing this large segment above, reverting it upon the abdomen. Having examined the contents of this side, we are to proceed with the other in the same manner, finishing the inspection of the cavity by cutting across the upper part of the sternum and turning it down, as before directed.

Here M. Chaussier recommends very particular attention to be paid to the state and appearance of the lungs; and adverts (with too much minuteness for our means of doing justice to his observations) to the state of the blood in arriving at the air-cells; charged as it is with chyle, containing a variety of principles, and with excrementitious matter for discharge by exhalation. It would be vain to attempt any abridgment of this important passage — the most interesting conclusion drawn from which is, the derangement that must take place in the capillaries of the lungs, from the presence of acrid or deleterious particles contained in the fluids that arrive there mingled with the blood. This has been observed more particularly in animals that have been subjected to experiments with quicksilver and poisonous substances thrown into the circulating mass; and analogous alterations have been found after certain diseases and the use of medicinal substances.

From the seat of discoloration in these organs, he considers that the position in which death has taken place may in some measure be inferred — thus, if the person died lying on his back, the dorsal part of the lungs will be gorged with blood, and present a brownish colour, &c.

Finally, it is recommended not to make any incision in the lungs until the trachea shall have been examined.

Examination of the MOUTH, PHARYNX, &c. — M. Chaussier recommends an incision to be made, longitudinally, through the nether lip down to the superior extremity of the sternum; and another, in the direction of the margin of the inferior jaw-bone. The skin and subcutaneous fibres to be dissected back; the jaw to be sawed through in the median line, and the soft parts attached to its internal surface cut away. The tongue and its appendages being pressed down, and the velum pendulum divided at the sides, the cavity of the pharynx is completely displayed. By continuing the

incision downwards and at the sides, we reach the œsophagus; and advantage will, of course, be taken of the previous opening of the thorax to examine it in its full extent.

To examine the aërial passages, the thyroid gland should be removed; and, (after absorbing the blood,) the trachea divided from below, up to the os hyoïdes, cutting through the larynx. If it be necessary to examine the bronchia, the saw must be applied to a portion of the clavicle and first rib. In this way the unremoved portion of the sternum is got rid of, and the subjacent veins: after wiping away the blood, the incisions may be prolonged as far as necessary.

Opening the ABDOMEN.—Our author, having previously objected to a method, general in France, of laying open the thorax and abdomen together, by removing *en masse* their anterior covering, and having preferred the investigation of these cavities separately, goes on to instruct us as follows:—

Recommencing from the termination of the lower transverse incision, at each side,* prolong it to the spine of the ilium; continue it thence, turning a little above the groin, to the upper part of the pubis. This large flap is then to be separated from its interior attachments, and turned downwards upon the lower extremities. After a general view of the contents, in proceeding to examine the viscera in detail, we must first make a short incision through the diaphragm, in an oblique direction towards the cardia; then raise the right lobe of the liver, in order to obtain a sight of its concave surface, as well as of the gall-bladder and part of the stomach. "The position of this organ," says M. Chaussier, "is not transverse or horizontal, as is commonly said, but oblique, from above downwards, and such that a portion of the large extremity is always in contact with the diaphragm." By depressing it with the hand, and drawing it towards the right side, a part of the spleen will be observed. The gastro-colic portion of the omentum is to be raised, and a large transverse incision made, whereby a view of the posterior surface of the stomach, the pancreas, and commencement of the duodenum, will be obtained. To get readily at the duodenum, in order to examine it, as also the pancreas, the arch of the colon must be turned up upon the thorax, and an incision made in the base of the mesocolon. We are then to pursue the examination of the intestinal canal, in the order of its arrangement from the pylorus to the rectum, making careful note of any deviation from the healthy structure. Our author hints that the state of the large vessels should be examined.

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* Vide *supra*, page 70.

M. Chaussier proceeds to give directions for the proper examination of the intestinal canal in cases of suspected poison. We shall merely say, that he recommends the practice, already made known to English Surgeons, * of extracting the whole passage entire. This being done, however, care should be taken not to admit of contamination from the contact of extraneous bodies: the whole mass of intestines should be laid upon a clean sheet, several times folded. On one occasion, where the stomach had been laid carelessly upon some fine quartz ore sand, and carelessly examined afterwards, the presence of some of the flinty particles occasioned the decision that death had been caused by the poison of powdered glass.

At present it is not our intention to carry our analysis of M. Chaussier's very important work any further. We have already exceeded our proposed limits; and shall conclude by recommending it to the careful perusal of all those who wish to know and to practise the difference between adroit and bungling necrotomy.

PART IV.

MONTHLY COLLECTION

OF

MEDICAL FACTS AND OBSERVATIONS.

Physiology.

Of the Coagulation of the Blood. By M. Belhomme, M.D., &c.

M. Belhomme has published above five hundred experiments made at the *Hôtel Dieu*, in the course of last year, under the direction of Professor Recamier, with regard to the blood, and more especially upon its coagulation when drawn from the veins, the formation of the buffy coat, &c. Ten of these are detailed in a recent journal,† preceded by a recapitulation of facts and conclusions relating to this fluid, previously recorded by various authors.

The formation of the buffy coat seems to be influenced by a great variety of circumstances, *external* as well as intrinsic; among which are enumerated the tightness of the ligature, capacity of the vein, largeness of the orifice, rapidity and direction of the stream of the blood itself, the form of the vessel employed for its reception, &c. Concerning the latter it has been observed, that in a narrow vessel the coat will be considerably thick,

* Our readers will find minute instructions on this subject, under the head of Poisons, in the works of Paris and Fonblanque, and Smith.

† Revue Médicale, March, 1824.

while none will form in a wide one. To these are added the nature of the medium through which the blood passes — a certain degree either of heat or of cold will equally oppose the separation of the serum, and create a homogeneous coagulation. These preliminary observations are by M. Dugès, who derives from various authors the following important statements: — "The contact of air is necessary to this separation (*Schwenke, Senac, De Haen*). Received in water, the blood becomes solid in the proportion of three parts to eighty, according to *Schwenke*, but quickly separates, and coagulates into a distinct mass. In a larger quantity of water the blood presents different shades of colour, as remarked by *Dr. Andral*. Slightly charged, the water is at first yellowish, then greenish, then brownish, and lastly red, in proportion as the quantum of blood is increased. These remarks explain the colour of pneumonic expectorations — that of the skin in new-born infants — in typhus, icterodes, and other affections of a febrile nature, or those of a venomous character (*Halier*) — the diversity of tints in ecchymosis, &c." Moving and agitating the blood also impedes its coagulation, and separates the fibrine. We shall offer a specimen of the experiments in question: —

An athletic man, aged thirty-five, after a violent exertion, complained of pain in the lumbar region. He was bled in both arms at the same time, while in the sitting posture. In *the right arm*, the length of the orifice in the skin was a line and half, and of the vein one line; the jet not very strong, but continuous; three inches long; duration three minutes: in *the left arm*, the outer orifice was two lines, that of the vein a line and half; the jet very strong, rapid, and continuous, seven inches in length, and duration two minutes. The glasses were inverted cones. The blood from the right arm had no buff; the coagulum of the ordinary consistence; the quantity of serum seven centilitres.* Left arm, very slight buffiness — coagulum and serosity as in the right. The attention is here directed to the difference of effect produced by the variation in the orifice and size of the stream. Where the former was large, and the latter strong and rapid, there was a slight coating, while on the other side there was none.

The same results were generally observed in analogous circumstances. M. Belhomme, however, thought it proper to confine his first investigations to the blood of healthy persons. In all cases he maintained a scrupulous minuteness in regard to every step of the process — as the dimensions of the orifice, the admeasurement of the stream, and the time of its flux, as well as of the receiving vessels. The material and temperature of these had no effect; but commonly the vessel last filled exhibited the thicker and more distinct coat. This was exhibited in another experiment, in which the bleedings were in succession, and received in cylindrical glasses. The orifices here were the same in both arms, and the buffy coat was perceptible in the glass last used only.

In other cases the results were not in strict accordance with the foregoing order of phenomena; and the appearance of the inflammatory coat did not take place in large vessels, nor the separation of the coagulum and serum so readily. It was also remarked, that the red coating that sometimes covers the coagulum when exposed to the air and light, (which had been formerly noticed by M. Guersent, and considered a buffy deposit coloured by some of the sanguineous globules,) does not take place upon all coagula with equal facility, nor to the same depth. Our author sometimes observed that the coagulum did not sink after floating some time — a fact which he observed in the case of an epileptic woman, and which he ascribes to a great superabundance of serosity. He observed a constant

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* About ·007 of a quart.

tendency to exhibit the buffy coat in the blood of pregnant women; but which was occasionally prevented by the influence of external unfavourable circumstances; the same action of which was observed in febrile and inflammatory affections. He has further distinguished (a discovery, the originality of which is said to be due entirely to M. Belhomme) that the blood of females in this state yields a smell decidedly like that of a placenta recently thrown off — a phenomenon always observed by him; and which, in doubtful cases of pregnancy, may be of the greatest importance.

Are the Olfactory Nerves the Organ of Smell? Experiments on this Question. By M. Magendie.

Wishing to demonstrate, during his latest experimental course of physiology, that the olfactory nerve was the agent of smell, the author performed the following experiments: —

"The olfactory nerves having been exposed in a dog of about a year old, I did not much expect to find them sensible to the contact of bodies, or even to the prick of sharp substances, the cerebral hemispheres being insensible to such excitations in the greater part of their mass; and, in fact, pressure, deep pricks, and tearing in different directions, produced no sign indicating the sensibility of these nerves.

"I was desirous to see if the direct contact of a very odorous body had the same effect: I placed, with this intention, a few drops of ammonia on the nerve: the animal appeared not to be sensible of it at first, but soon afterwards he gave signs of a lively sensation. I perceived that, at this instant, the liquid had spread itself on the lateral parts of the nerve, and had extended to its inferior aspect, and consequently to the ethmoidal fossa. I therefore believed that the ammonia had acted on the medullary portion of the nerve, which, as is well known, rests on the cribriform plate of the ethmoid; and that, if the grey substance above was not sensible, the white matter below was endowed with this property.

"After having made these observations, I resolved entirely to destroy the olfactory nerves, being persuaded that I should completely abolish the sense of smell. What was my surprise, on examining the animal on the following day, to find him sensible of the strong odours which I presented to him (ammonia, acetic acid, oil of lavender)! The sensibility of the interior of the nasal cavity had lost nothing of its energy. The introduction of a probe had the same result as on any other dog. This strange phenomenon recalled to my recollection a fact to which I had paid but little attention the preceding year, because it was so contradictory to received opinions, that I attributed, I know not wherefore, some fault to the experiment:

"I refer to an experiment performed on a duck, in which the cerebral hemispheres were removed, and yet the animal lived eight days, presenting several curious phenomena. He had, amongst other singularities, preserved the sense of smell for strong odours: I shewed this animal, and made him evince other proofs, in my course of that year.

"In order to assure myself of the fact, I destroyed the olfactory nerves of several other animals, and the results were exactly the same; but I made, in addition, the important observation, that the sensibility which I had observed at the inferior aspect of the olfactory nerve did not exist but along the exterior margin of the cribriform lamina of the ethmoid bone, and I was thus led to imagine that it might belong, not to the nerve of smell, but to the ramification of the ophthalmic branch which passes from the orbit to within the nose in a cleft of the cribriform plate.

"This indication led me to suppose that the branches which the fifth pair sends into the nasal fossæ are the organs by which the olfactory sensibility was maintained after the destruction of the nerves of the first

pair. In man these branches are tolerably numerous, and of a middling size: they consist — 1st, of the ethmoidal branch of the nasal nerve; 2d, of the naso-palatine of Scarpa; 3d, of numerous small branches which come off from the internal aspect of the spheno-palatine ganglion. They form together this particular disposition, namely — that they are all distributed to every part of the pituitary membrane. I did not exactly know the manner in which the fifth pair is distributed to the nose of the dog; I therefore requested M. Desmoulins, who is so expert in this species of research, to dissect this nerve with me; and we found that the ethmoidal branch is much larger in the dog than in man, and that it furnishes a considerable number of small divisions to the more superior part of the olfactory cavity: we found, moreover, that the superior maxillary nerve does not form the spheno-palatine ganglions, that it sends to the inferior, lateral, and internal part of the nose a large quantity of branches of a considerable size.

" It was therefore anatomically possible that all the sensibility of the pituitary membrane depended on the ramifications of the fifth pair: but anatomical conjectures respecting organic functions are nothing to the purpose when compared with physiological experiments. I therefore thought of dividing the nerves of the fifth pair in such a manner as that the animals may survive the operation. But it was easier to entertain the idea than to put it in execution. In their course on the base of the cranium, the nerves are joined to the cavernous sinus and internal carotid artery. I tried, however, to divide them in some rabbits; and the experiments answered so well that I succeeded, in several animals, to cut the nerves on both sides without producing any serious accident. I made the trials on young dogs, on kittens, and on guinea-pigs: I could assure myself, that, when the nerves were thoroughly divided, all traces of the action of strong odours disappeared. Animals which sneezed, rubbed their noses, and turned away their heads, on making them respire the odour of ammonia, acetic acid, &c., remained quite passive after the section of the fifth pair, or evinced merely the action of the odours on the larynx.

" It follows, in my opinion, from this experiment, counter-proved by the foregoing one, that smell, as respects strong odours, is exercised by the branches of the fifth pair of nerves; and that the first pair does not partake in this function with the fifth." . . . .

" I destroyed the olfactory nerves of a pointer-dog, and found, as in my former experiments, that he easily distinguished strong odours. But I wished to ascertain if he could discover the odour of meat, of cheese, and of aliments generally. For this purpose I enclosed portions in paper and presented them to the animal, but he always undid the paper and seized the food. But I do not regard this experiment as sufficiently conclusive, for, in other circumstances, he appeared to me to want the smell necessary for finding aliments which I placed near him unknown to him. Supposing this last result correct, it does not shew that the fifth pair is not the agent of smell; for the injury necessary to destroy the olfactory nerves unavoidably produces inflammation of the nasal cavity, and thus, as well as secondarily, impairs the sense.

" I have removed, in fowls, ducks, &c., the cerebral hemispheres and the whole of the olfactory nerves; and these animals have preserved all the sensibility of their pituitary membrane, and given evident signs of the action of strong odours on the organ of smell.

" Finally, I owe to the kindness of M. Ramon, Inspecting Physician to Charenton, a fact which seems to prove that the integrity of the cerebral hemispheres is not more indispensable in man to the sense of smelling. After many years of high mania, it is not unusual to see the patient fall into a state of torpor analogous to perfect drunkenness, followed by death at no

very remote period. On dissection, the hemispheres are found gorged with blood, the envelopes of the brain inflamed, and generally the cortical substance of the brain profoundly altered. M. Ramon observed, in individuals presenting these phenomena, that the sense of smell remained perfect, not only as respected strong odours, but also as to odours much more slight and evanescent.

" It results, therefore, from these researches, that animals, as the dolphin, that want the olfactory nerves entirely, are not on that account deprived of the sense of smell. If it be confirmed that smelling is a function of the fifth pair of nerves, it remains to point out the purposes of the olfactory nerves and lobes." — *Journal de Physiologie, Avril,* 1824.

Of the Section of the Fifth Pair of Nerves.

M. Magendie has recently communicated to the Academy of Sciences the result of his researches on the functions of the fifth pair of nerves. He found, after dividing this pair of nerves, that several senses were suspended. Believing that this arose merely from the injury occasioned by the operation, it did not at first excite his attention; but remarking that the animals thus operated upon did not recover their senses, he directed his inquiry to these points. We have already detailed his experiments on the sense of smelling: in the memoir presented to the Institute, he also states, that after the division of the fifth pair of nerves, the eyes are deprived of their sensibility, and of a considerable share of their appropriate functions — sight is nearly lost: they quickly become the seat of inflammation, and waste rapidly. The tongue also loses its sensibility; and sapid bodies seem to produce no sensation on the anterior part of the organ of taste. We shall translate this memoir in our next.

Pathology.

Result of Researches made at the Hospital " La Pitié," in order to ascertain the Relation between the Cerebral Lesion and Paralysis of the Inferior and Superior Extremities. By M. Lacrampe Loustan.

The author proposes the following problem, which he endeavours to solve: — " A limb being paralysed, where is the seat of organic lesion, the nervous chords and spinal marrow not being diseased?" In order to arrive at its solution, he proposes three different routes: concluding, that if they lead to the same inferences, the general deduction must be correct.

1. *Anatomy.* — The author considers, with Reil, Prochaska, and M. Gall, that the thalami optici and corpora striata are productions from the cerebral peduncles; as had been announced by Willis. He also shews, conformably to the researches of M. Serres — 1st, that the medullary striæ of the optic thalami are the first to appear in the human embryo; 2d, that the striæ of the corpora striata are developed in the human subject much later than those of the optic thalami, and that they are not formed in the fœtus even at the period of birth; — circumstances, in his opinion, which explain the activity of the superior extremities, and the want of action in the lower extremities, during the first months of extra-uterine life. In generalizing this relation, it would appear, from the comparative researches of M. Serres, that the *cetaceæ* which do not possess inferior extremities have the radiations of the corpora striata scarcely apparent, whilst those of the optic thalami are extremely developed. The human embryos which are born without lower extremities are frequently similarly constituted, as respects the corpora striata, as the cetaceæ. The same conformation is observed in the bimanous genus of reptiles; and, lastly, the *ophidiens* (serpents, &c.), who are deprived of limbs, are also destitute of the optic thalami and corpora striata.

2. *Pathology.* — Under this head M. Lacrampe Loustan cites twelve

cases of paralysis of the superior and inferior limbs, which presented the following results:—

1st, In paralysis affecting only the arm, lesion of the posterior part of the optic bed and of its posterior radiations.

2d, In paralysis affecting only the lower extremity, lesion of the anterior half of the corpus striatum, and of its anterior radiations.

3d, In hemiplegia, lesion of the corresponding half of the optic bed, of the corpus striatum, or of the striæ or radiations proceeding from them.

From these the author concludes — 1st, that the posterior radiations of the optic thalami preside over the movements of the arm; 2d, that the anterior radiations of the corpus striatum control those of the thigh; 3d, that the anterior radiations of the corpus striatum and the posterior of the optic bed hold under their control the movements of both members. The author proposes to enter upon the *third route* of investigation at an early opportunity. * — *Revue Médicale, &c., Mars*, 1824.

Of the Pathology of Intermittents. By M. E. M. Bailly.

M. Bailly, who has been engaged in researches into the nature of intermittent fevers in the Hospital of Saint-Esprit, in Rome, has shewn that all the localities which give rise to these fevers in the human subject are also usually the seat of epizooties, of which the type is continued; and, moreover, on *post mortem* inspection, both in the human subjects who have died of intermittents, and in the animals who have sunk under continued inflammatory disease, owing to the operation of similar external or endemic causes, precisely the same organic lesions are found. This fact is calculated to overturn the hypothesis which ascribes the intermittent form of fever to the periodicity of the influence of external agents on the human frame; for animals which are, like man, subjected to the alternations of heat and cold, of night and day, of sleeping and waking, of hunger and other privations, and which are also influenced by the same local causes of disease, such as marshy exhalations producing intermittent fevers in man, contract only continued disorders. Difference in the organs affected is not capable of explaining why the same exciting causes produce continued disease in them, and intermittents in man; for the same organs present the same derangements in the former as well as in the latter.

Persuaded, therefore, that the comparative nature of the organs of man and of the lower animals cannot furnish an explanation of the important fact which he has established, M. Bailly has endeavoured to account for it by ascribing it to *the manner in which these organs act* — to the continually horizontal position of the lower animals, and the periodically horizontal and vertical positions of man giving rise to periodical congestions of viscera.

Practice of Medicine.

Observations on the Employment of Emetic Tartar in a large Dose as a Therapeutical Agent. By Dr. Delagarde.

In the pages of this Journal several allusions have already been made to the practice prevalent in Italy of administering emetic tartar in a high dose as a contra-stimulant, in diseases consisting in increased excitement. M. Laennec has for some time past been exhibiting this remedy in such cases at *La Charité* in Paris; and if the details communicated to the world by Dr. V. Delagarde be correct, which we do not by any means see reason to doubt, as they are published under the authorization of M. Laennec, it would appear to merit all the encomiums which have been passed upon it by the Italian and Swiss Practitioners.

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* See an account of the experiments of M. Magendie on this subject, in the April Number of this Series, p. 336.

Emetic tartar, we are told by M. Delagarde, like all contra-stimulants, has only a salutary effect when there is *tolérance* on the part of the patient or aptitude to support it. Of this it is impossible to judge *à priori* — experience is the only guide. It consequently becomes necessary to act cautiously, and to commence with a small dose in comparison to that which would be necessary should this aptitude be known to exist. Rasori commences with twelve grains for the day, and the same quantity during the night, dissolved in a quart of barley-water; and afterwards carries the dose to a dram, a dram and a half, and even more.

Professor Laennec most commonly begins with four or six grains, dissolved in two or three wine-glasses of infusion of orange-leaves, strongly sweetened, and afterwards gradually raises the dose; without, in general, augmenting the proportion of the vehicle. He chooses this vehicle by preference, in order to prevent nausea and weaken the emetic property of the medicine; being of opinion that warm water simply, which is itself extremely nauseous, commonly adds to the property. The nature of the vehicle, however, would seem to be of but little consequence; as Rasori observes, in his "*Histoire de la Fièvre Pétéchiale de Gênes,*" that he administered it in any ptisan which was the most grateful to the patient. Peschier, who employed it to a considerable extent in Switzerland, followed no other guide: and M. Kapeler, Physician to the *Hôpital Saint-Antoine*, and M. Honoré, Physician-in-Chief to the *Hôpital Necker*, give it daily in whey and barley-water; and all have obtained, and do still obtain, the same results.

Of the solution thus prepared, the patient should take half a wine-glassful every two hours. Most commonly the first doses occasion evacuations, either upwards or downwards; but its use must not be discontinued on that account, for frequently, if the first half-glassful has occasioned vomiting or purging, the same thing does not occur after the second — or if after the second, not after the third or fourth; and unless too frequent vomiting or excessive superpurgation should be produced, M. Laennec does not despair of seeing *tolérance* induced. On the second day, if from the first the medicine has been well borne, the dose may be augmented, and even doubled, and there will be no evacuations. If the patient bear it but imperfectly, M. Laennec is in the habit of aiding it by adding one or two ounces of the *syrupus papaveris;* and it is very rare that on the second or third day, especially with the assistance of opium, the *tolérance* is not complete. The dose of the medicine may now be carried very far, and its use continued without any inconvenience resulting, until, in the generality of cases, a precise moment occurs, without any cause being perceptible or divinable, when it ceases to be tolerated. Its employment must then be interrupted: even in a small dose it might become extremely noxious. Several cases are related by M. Delagarde of the successful employment of this substance in pneumonia, acute rheumatism, and apoplexy, to the extent of ten or twelve grains a day for several days in succession, without causing any evacuation after the first doses, and where the patient was restored "*comme par une espèce de miracle!*" It is proper, however, to observe, that in all the cases bleeding or other antiphlogistics were also had recourse to. After the repeated testimonies which we have now received of the useful employment of this agent as a contra-stimulant, the fears which we at first entertained, we confess, are nearly dispelled, and we should have but little hesitation in having recourse to it. It has been so strongly recommended as a valuable antiphlogistic in diseases consisting in increased excitement, that it is worthy of a trial; and, with the precautions above mentioned, from the pen of M. Delagarde, no unpleasant consequences need be apprehended from its exhibition. — *Archives Générales, Avril,* 1824.

Case of Rabies, in which Warm Water was Injected into the Veins of the Patient. By B. Gaspard, M. D., at Saint-Etienne (Loire).

In December 1823, J. F. Guillemin, a farmer, was bitten in the right hand by a rabid wolf. As he had no knowledge of the rabidity of the animal at the time, the wound was dressed without previous cauterization or excision of the lacerated parts, and healed quickly. He followed his usual occupations, experiencing, however, some degree of dread on leaving his house at night. Five weeks after the wound was received (on the 14th January, 1824), he began to feel some pain at the back of the neck and in his shoulders, with slight fever, and rigors. On the 15th, at night, he was seized with horror on attempting to drink some water. On the 16th the hydrophobia was constant, and all the usual symptoms of the disease present. On the 17th, Dr. Gaspard saw him, in consultation with Dr. Petiot, when it was agreed to try the experiment formerly made by M. Magendie, of injecting warm water into his veins. Having exposed the cephalic vein of the right arm, Dr. G. injected, very slowly, about four ounces of warm water, inquiring of the patient, in the course of the operation, if he felt any particular sensations. After the injection of four ounces of fluid, he complained of a tickling and pricking feeling in the whole interior of his chest, although the pulse had suffered no change, either in frequency or fulness. No farther inconvenience having been experienced at the end of a quarter of an hour, M. Gaspard injected, in an equally slow manner, other four ounces of water, which did not increase the sensations complained of, nor did it accelerate the pulse; the pulse was however more full. Thirst and hydrophobia were undiminished, as were all the other nervous symptoms of the disease. M. Gaspard now waited another quarter of an hour, when the patient began to complain of vertigo, of great lowness, with nausea, coughed several times, and immediately afterwards experienced severe rigors. His pulse became very small and frequent, and his body pale and cold, as on the accession of a severe paroxysm of ague. To these symptoms, which continued about half an hour, a hot and a sweating stage succeeded. The three stages of the paroxysm continued about an hour and a half. In other respects the hydrophobic disease remained without the least modification.

The severity of these symptoms prevented M. Gaspard from attempting to inject a greater quantity of warm water: he therefore abandoned the patient to the use of opium. During the night, eight hours after the experiment, the patient experienced another similar paroxysm of fever, with slight delirium and trembling of the tongue and limbs, and the frequent spitting of a frothy mucus. After a frequent discharge of this species of expectoration, he ceased to have any horror at the sight of water, and even drank twice without any pain or repugnance; — a phenomenon remarked in the cases published by M. Trolliet and others. With the disappearance of the hydrophobia, convulsive and other nervous symptoms increased; the delirium became at times furious; he menaced the attendants; and, at last, at six o'clock of the morning of the 18th January, the energy of the system was extremely low — the extremities cold — the pulse scarcely sensible — the muscles of the face agitated with spasms — and the mouth continually filled with a frothy mucus. He died soon after the supervention of this state, and 54 hours after the appearance of hydrophobic symptoms. The body was not inspected.

M. Magendie has subjoined a note to this case, in which he seems to stick with unbecoming pertinacity to his notions about the influence of warm water injection over rabies; and objects to the present experiment of M. Gaspard: — 1st, that the patient was not previously blooded. 2dly, That there was an insufficient quantity of water injected.

Granting M. Magendie the full benefit of his objections, we cannot but consider that the issue would have been the same, in whatever way the experiment might have been made.

Leaving M. Magendie to make further experiments, and wishing that he may make them with more judgment, and detail them with more precision than he has done on some former occasions, we shall next notice some experiments, to which M. Gaspard refers, made on a young man in Guadaloupe, aged about twenty years, for an affection of the skin, and published at Leyden, in an inaugural dissertation, in 1778, by M. Regnaudot.

1st, The 27th of January, half a spoonful of a weak infusion of the leaves of senna, injected into the median vein of the arm, caused only a short and slight headach.

2d, On the next day, an injection of an ounce of the same infusion, occasioned, in the space of half an hour, a violent rigor, followed by heat, some vomiting, and several alvine evacuations. The paroxysm of fever continued nearly eight hours.

3d, The 29th of January, three ounces of an infusion of two drams of the bark of guaiacum, with forty-eight grains of isinglass, injected into the veins of the same individual, produced, as in the former experiment, in the course of half an hour, a very long febrile rigor, followed by intestinal colic and two evacuations. The paroxysm of fever continued more than nine hours, and terminated with a very copious sweat.

4th, Finally, on the 30th of January, this physician injected into the vein of the same man three ounces of water, holding only in solution two drams of gum arabic. About an hour afterwards the febrile rigor appeared, with a small and frequent pulse. He had three alvine evacuations. A hot stage succeeded the rigors; and the febrile action terminated by a copious perspiration, fifteen hours after the injection.

It will be remarked that, both in these experiments, and in the one performed on the hydrophobic patient by M. Gaspard, the injection of the fluid was immediately followed by a regular febrile paroxysm. This effect did not follow the experiment of M. Magendie, wherein two pounds of warm water were injected into the veins of a patient labouring under febrile delirium, in the Hôtel Dieu; but in that particular instance vascular depletion to a considerable extent had been shortly before employed. May not the paroxysms of fever, noticed in the other experiments, arise, in M. Gaspard's case, from the sudden repletion of the vascular system; and in the experiments performed at Guadaloupe, from the presence of an irritating cause circulating in the blood; the continuance of the paroxysms holding a close relation with the quantity and nature of the substances injected? Do not, also, these experiments point to some novel ideas respecting the nature of intermittents, which it is unnecessary to particularize at this place?

Employment of Iodine in Scrofulous Complaints.

Dr. Henning has administered this remedy in eight cases. The youngest patient was a child two years old only, to whom the tincture was given in doses of five drops, three times a day; and it was administered to an old asthmatic person, who was subject to enlargements in the lymphatic organs about the neck, by which respiration was rendered still more difficult. He took the tincture also in quantity from eight to ten drops, four times a day. At the end of a week a critical sweat came on, which lasted several days; and by still continuing the use of iodine, his complaints were much relieved. In all the other cases, which were chiefly of young females, the best effects were derived from the remedy, without any sinister consequences.—*Revue Médicale, Mars* 1824.

SURGERY.

New Instrument for Preventing the Escape of Urine after Operations on the Bladder.

M. Jules Cloquet has presented to the Royal Academy of Medicine, a *syphon*, which will exert a suction that can be graduated at pleasure, and is applicable "in all cases where there must be continual evacuation of liquids from the cavities or their proper reservoirs," — and particularly in diseases of the urinary passages. It will also effect the evacuation of purulent matter from the thorax, &c., and of liquids from the stomach, in case of poison.—*Revue Médicale, Mars* 1824.

PART V.

POLITICAL MEDICINE.

We are not disposed, after the long attention the subject has already received in the present Number, to dilate under this head. A very unusual case of sudden death has lately occurred, however, to which we think the attention of the Profession should be drawn; and which we cannot do with greater propriety than by giving place to the subjoined extract from a most respectable Journal.* Our brethren will see that the eyes of all men are upon them, as to the manner in which they discharge their medico-legal duties.

"AEROSTATION.—DEATH OF MR. HARRIS.

"I beg leave, Mr. Editor, through your columns, to suggest a query or two, as to the immediate cause of death in the unfortunate aërial traveller, Mr. Harris. It was stated in the earliest accounts we received of the fatal accident near Carshalton, and corroborated by the evidence of the gamekeeper on the inquest, that 'he heard a report resembling distant thunder, and on looking up at the instant in the direction of the sound, saw the balloon descending with great velocity, striking the branch of a tree in its descent; and on proceeding to assist the sufferers, he found the female almost in a state of insensibility, and Mr. Harris quite dead in the bottom of the car, with a black mark on his neck.'

"On reading the account, it struck me as extremely probable that the accident was occasioned by lightning striking the balloon, at the instant when the unfortunate man was opening the valve in order to make the descent. In such a case, there can be no doubt that the line connected with the valve (which is in the upper part of the balloon) would act as a *conductor;* and that the principal mass of electric fluid would pass through the arm and body of the sufferer, producing instant death to himself, and severe concussion in the person of his female companion.

"Without referring the accident to this source, it seems difficult to account for the instantaneous death of one party, or the insensibility of the other. Suppose the sternum and two or three ribs of the deceased to be broken, through the balloon coming in contact with the branch of a tree, it would not have produced death before a person would be able to go to the distance of forty or fifty yards, as stated by the gamekeeper in his evidence. On the contrary: supposing the accident to have arisen from a discharge of the electric fluid, we may account for the instantaneous death of the unfortunate man, and the dark mark observed on his neck—the skin always

* Literary Gazette, June 5th.

assuming a black or livid hue in the part of the body where a person has been struck by lightning. We may also account in this way for the pains in the back and limbs, of which the female complained on recovering animation — the electric fluid, as is well known, selecting the nerves and spinal marrow as its immediate conductors, and thus producing instantaneous death, if sufficiently violent; or if less intense, occasioning a temporary paralysis in the patient, without either a fracture of the bones, or any other organic derangement.

"I was anxious to see the report of the coroner's jury on the event in question, as it appeared to me a proper subject on which to exercise a rigid examination for the benefit of medical science. But, without wishing to convey any censure on the coroner or the medical attendant on the occasion, they might certainly have gone a little farther, by the aid of better surgical assistance, in tracing the immediate cause of death in the case in question, than stating 'that death might have been occasioned by the broken ribs,' &c."

We shall leave the conjecture as to the mode of receiving the electric shock open to the observations of any of our correspondents,—hinting, on our own part, a doubt whether the passage of that fluid through the balloon, in the manner supposed, would take place without exploding the gas; and also whether the line in question be not composed of non-conducting material — as silk, for example. We consider this part of the subject fit for medical inquiry. It is of importance to human life; and we regret that our limits will not allow us to insert the remaining part of the communication here quoted.

As to the medical evidence, it seems to have served the purpose of an *inquest*, but not to have been much connected with *inquiry*. We have seen no satisfactory account of the matter, and therefore can do no more than assent to the opinion expressed above as to what might have been done in tracing the cause of death. It may be said that the case exhibited nothing mysterious, as regards the duty of the coroner; that there were witnesses enough to prove the circumstances, and that no surmise of criminal agency could possibly be formed. Granting all this, we still would say that, as it was judged necessary to call upon a medical practitioner for his opinion as to the cause of death, that practitioner should have taken all due pains to have formed one, and not have spoken so vaguely.

MISCELLANEOUS INTELLIGENCE.

Inoculation of Syphilis.

In consequence of the article which appeared in the April Number of the Repository under this head, we have received a letter from a M. Colson, Surgeon to the Royal *Maison de Santé*, at St. Denys, stating that he was one of those who inoculated themselves for syphilis, but denying that the consequences referred to in our article were induced in any of them. M. Baudier, the one who put an end to his existence, is stated to have done so, not on account of his venereal affection, which was nearly cured, but owing to family misfortunes; "and, moreover," says M. Colson, with the equivocation of a Curll, "he did not destroy himself by opening the crural *artery*, as you say, but by opening the left ventricle of the heart and the crural *vein!*" In the article of which M. Colson complains we have said nothing without foundation, and our authority was explicitly adduced. We cannot avoid, however, observing, that the gentleman by whose remarks our own were suggested, is of too honourable a character to be guilty of any wilful misrepresentation: he may have been misinformed, but no one, we are satisfied, will be more ready to make the *amende honorable*, should the feelings of any individual have been outraged by observations framed on unfounded and illiberal reports. To that individual the letter of M. Colson ought, with more propriety, to have been addressed.

Indian Cholera Morbus in Europe.

Dr. Hufeland has received a letter from a Russian Physician, informing him that the cholera of India has made its appearance at Astracan, in the Russian fleet, September, 1823. One sailor exhibited all the symptoms of this terrible disease, and died in eight hours. Of twenty-three others, twelve died in the space of from nine to twenty-six hours. M. Hufeland expects farther details on the subject, which he will publish as soon as he receives them.

Cholera Morbus in Syria. By M. Moreau de Jonnes.

The cholera morbus which made its appearance, in 1817, in the Delta of the Ganges, spread, in 1821, to the shores of the Persian Gulph. In 1822 it extended into Persia, and entered Syria. In the month of June, 1823, it appeared at Antioch, and spread along the coasts of the Mediterranean. It is without foundation, although it has been announced in the public papers, that it has shewn itself in the Isle of Cyprus and in Lower Egypt; but it is not improbable that it may extend into the latter country during the present spring, especially if it reached Damascus before the cold season arrested its ravages. We have not yet heard whether it has entered Alexandretta; but the latest news assert that it has already desolated the shore of the gulph on which that city is situated, and that the terror which it occasions has dispersed the greater part of the population. — *Revue Encyclopédique, Janvier*, 1824.

Institution for the Cure of Diseases of the Lungs at Vienna.

A German Physician is about to found at Vienna, in concert with a rich and beneficent capitalist, an establishment for the treatment of diseases of the lungs. He pretends that these diseases are not incurable, and that he possesses the means of curing them when they have not attained their last stage. — *Ibid.*

Fête held at Ghent commemorative of the Introduction of Vaccination.

On the 8th of January, the Committee of Vaccination at Ghent assembled to commemorate the anniversary of the Jennerian discovery, and its introduction into that country by the respectable Surgeon M. Demanet. It appears that, notwithstanding the zealous care of this committee, the small-pox has shewn itself in some of the streets in a certain quarter of Ghent: the affixing of an *écriteau*, however, on the infected houses, and other sanitary measures directed by the regency, have produced a good effect. The disease has not extended, and its total disappearance is expected. — *Ibid.*

New Denomination for Croup.

Our Gallic brethren, who seem to take a still greater pleasure than ourselves in the coining of words, have, in a late instance, left us in immeasurable distance behind them. A Monsieur Blaud, in a work entitled "*Nouvelles Recherches sur la Laryngo-Trachéite*," has proposed to denominate that disease by the term *broncho-laryngo-trachéite-mixa-pyo-ménynygogène ! !* a term which may be written, but, we will venture to say, will never be spoken. — *Ibid. Mars*, 1824.

MONTHLY MEDICAL BIBLIOGRAPHY.

BRITISH.

I. A Treatise on Stricture of the Urethra; designed as a Manual for the Treatment of that Complaint, and addressed chiefly to Students and Junior Practitioners. By George Macilwain, Fellow of

the Royal College of Surgeons, &c. &c. 8vo. Pp. 138. London, 1824.

Mr. Macilwain modestly asserts, in his Preface, that his "object is not the promulgation of any thing new, but the proper application of that which is already known:" he very properly complains, however, that authors generally recommend one kind of treatment to the exclusion of all others, whilst the variety which exists in the nature of strictures does not admit of the exclusive adoption of any one mode of practice. Those varieties and their most proper treatment the author has very clearly described.

II. A Supplement to the Pharmacopœia: being a Treatise on Pharmacology in general; including not only the Drugs and Compounds which are used by Practitioners of Medicine, but also those which are sold by Chemists, Druggists, and Herbalists, for other purposes; together with a Collection of the most useful Medical Formulæ; an Explanation of the Contractions used by Physicians and Druggists; and, also, a very copious Index, English and Latin, of the various Names by which the Articles have been known at different periods. Third Edition, considerably enlarged, including the Alterations in the New London Pharmacopœia. By Samuel Frederick Gray, Lecturer on the Materia Medica, Pharmaceutical Chemistry, and Botany. 8vo. Pp. 530. London, 1824.

In addition to the immense mass of useful matter contained in the preceding editions of the publication before us, the present impression comprises a very large collection of the most approved receipts in perfumery, and also of the medicines used for horses and other animals.

FOREIGN.

I. Manuel de Chimie Médicale. Par M. Julia-Fonteneille, Professeur de Chimie Médicale, &c. 12mo. Pp. 641. Three Plates.

When, on a late occasion, we were compelled to strongly animadvert on the tissue of absurdities which the author of the work before us had gravely adduced in his Essay on *Marsh Miasmata*, we expressed our favourable opinion of his chemical acquirements. The present Manual confirms those sentiments. It will be found useful as a book of reference, for which purpose it is, indeed, alone intended.

II. Manuel des Opérations Chirurgicales, contenant les nouveaux Procédés Opératoires de M. Lisfranc, et suivi de deux Tableaux Synoptiques des Accouchemens Naturels et Artificiels. Par J. Coster, D.M. 18mo. Pp. 458. Paris, 1823.

This work is executed on the same plan, and, indeed, bears very considerable similitude to the *Treatise on Operative Surgery* by Mr. Averill: both appeared about the same period, but Mr. Averill's, we believe, first. It contains a description of all the operations as they are generally performed by the French Surgeons.

MONTHLY LIST OF WORKS RECEIVED FOR REVIEW.

Elements of Physiology. By A. Richerand, Professor of the Faculty of Medicine of Paris, Member of the Academies of Vienna, Petersburgh, Madrid, and Turin. Translated from the French by G. J. M. Lys, M.D. Fourth Edition, with Notes and a Copious Appendix. By James Copland, M.D., Lecturer on Physiology, Pathology, and Therapeutics; Consulting Physician to Queen Charlotte's Lying-in Hospital; Physician to the Royal Universal Infirmary for Children, &c. &c. 8vo., pp. xxviii., 704. London, 1824. 18s.

Official Report of the Fever which appeared on board H. M. S. Bann, on the Coast of Africa, and amongst the detachment of Royal Marines forming the Garrison of the island of Ascension, in the Year 1823. By William Burnett, M.D., one of the Commissioners of the Medical Department of his Majesty's Navy; Physician in Ordinary to his Royal Highness the Duke of Clarence, &c. &c. 8vo. pp. 78. Burgess and Hill, London, 1824.

A Voyage to India: containing Reflections on a Voyage to Madras and Bengal, in 1821, in the ship Lonach; Instructions for the Preservation of Health in Indian Climates; and Hints to Surgeons and Owners of Private Trading Ships. By James Wallace, Surgeon. 8vo. pp. xv., 166. Underwoods, London, 1824.

Physiological Views of the Structure, Functions, and Disorders of the Stomach and Alimentary Organs of the Human Body; with Observations on the Qualities and Effects of Fermented Liquors; and on the Influence of Climate and Local Station. By Thomas Hare, F.L.S. F.H.S., &c. 2d Edition, 8vo., pp. 368.

A Conspectus of the Pharmacopœias of the London, Edinburgh, and Dublin Colleges of Physicians, being a Practical Compendium of Materia Medica and Pharmacy. By Anthony Todd Thomson, F.L.S., Member of the Royal College of Surgeons and the Medico-Chirurgical Society, London, &c., &c. Fourth Edition. Corrected and greatly improved. London, 1824. 18mo., pp. 144.

LITERARY INTELLIGENCE.

Nearly ready for Publication, a Treatise on the Duties and Perplexities of Medical Witnesses. By Dr. Gordon Smith.

Strictures on Phrenology, shewing that Metaphysics, Ethics, and Anatomy, are in direct hostility to Phrenological Principles. By Thomas Rolph, Licentiate of the Society of Apothecaries, &c.

Essai sur la Cryptogamie des Écorces Exotiques Officinales. Par A. L. A. Feé, Pharmacien, Membre adjoint de l'Academie Royale de Médecine, &c. &c. Un Volume grand in 4to, orné de 30 planches colorées.

NOTICE OF LECTURES.

Dr. Copland will commence, on the 28th of September, Courses of Lectures on Physiology, Pathology, and Practice of Medicine. Outlines of the Lectures will be published. For particulars apply at Dr. Copland's, 1, Bulstrode Street, Cavendish Square, or at the Medical Booksellers'.

Quarterly Report of Prices of Substances employed in Pharmacy.

		s.	*d.*
Acaciæ Gummi elect.	lb.	4	6
Acidum Citricum		24	0
—— Benzoicum	unc.	4	0
—— Sulphuricum	P. lb.	0	8
—— Muriaticum		1	6
—— Nitricum		3	6
—— Aceticum Dilut.	cong.	4	6
—— Tartaricum	lb.	7	0
Alcohol	M. lb.	5	6
Æther sulphuricus		9	0
—— rectificatus		12	0
Aloes spicatæ extractum	lb.	7	6
— vulgaris extractum		16	0
Althææ Radix exot.		1	8
Alumen		0	6
Ammoniæ Murias		2	0
—— Subcarbonas		2	4
Amygdalæ dulces		3	6
Ammoniacum (Gutt.)		7	6
—— (Lump.)		4	9
Anthemidis Flores		2	9
Antimonii oxydum		6	0
—— sulphuretum		1	0
—— Sulphuretum præc.	unc.	0	6
Antimonium Tartarizatum	unc.	0	6
Arsenicum Alb. Sublim.	lb.	2	6
Asafœtidæ Gummi-resina	lb.	6	0
Aurantii Cortex		3	10
Argenti Nitras	unc.	6	0
Balsamum Peruvianum	lb.	20	0
Balsamum Tolutanum		48	0
Benzoinum elect.		8	6
Bismuthi Subnitras	unc.	1	0
Calamina præparata		0	6
Calcis Murias	unc.	0	3
— Muriatis solutio	lb.	1	0
Calumbæ	lb.	14	0
Cambogia		6	6
Camphora		6	6
Canellæ Cortex elect.		3	0
Cantharis	lb.	14	0
Cardamomi Semina	lb.	7	6
Cascarillæ Cortex elect.		1	9
Castoreum	unc.	4	0
Castor Russ.	oz.	15	0

		s.	*d.*
Catechu Extractum	lb.	4	0
Cetaceum		3	0
Cera alba		3	8
—— flava		3	3
Cinchonæ cordifoliæ Cortex (yellow)		8	6
—— lancifoliæ Cortex (quilled)		12	0
—— oblongifoliæ Cortex (red)		12	0
Cinnamomi Cortex		14	0
Coccus (Coccinella)	unc.	2	6
Colocynthidis Pulpa Turk.	lb.	8	0
Copaiba		7	0
Colchici Radix (sic.)		4	6
Croci stigmata	unc.	4	0
Cupri sulphas	lb.	1	0
Cuprum ammoniatum		8	0
Cuspariæ Cortex		3	0
Confectio aromatica	lb.	10	0
—— Aurantiorum		2	6
—— Cassiæ	lb.	6	0
—— Opii		6	0
Confectio Piperis Nigri	lb.	3	6
—— Rosæ caninæ		1	8
—— Rosæ gallicæ		2	0
—— Rutæ	unc.	0	6
—— Scammoniæ	unc.	2	6
—— Sennæ		2	6
Emplastrum Ammon. c. Hydrar.	lb.	6	6
—— Cantharidis		7	6
—— Hydrargyri		3	6
—— Opii		4	6
—— Resinæ		1	8
—— Saponis		2	0
Extractum Aconiti	unc.	0	10
—— Anthemidis	lb.	8	0
—— Belladonnæ	unc.	1	6
—— Cinchonæ		3	0
—— Cinchonæ resinosum		4	6
—— Colocynthidis		4	6
—— Colocynthidis comp.		2	3
—— Conii		0	6
—— Elaterii		50	0
—— Gentianæ		0	4
—— Glycyrrhizæ	lb.	7	0
—— Hæmatoxyli	unc.	0	5
—— Humuli		1	0

		s.	d.
Extractum Hyoscyami	- -	1	0
—— Jalapæ	- 1s. 6d. Res.	3	6
—— Lactucæ Sativæ	- unc.	1	0
—— —— Virosæ	- unc.	1	0
—— Opii	- - -	5	0
—— Papaveris	- - -	0	9
—— Rhæi	- -	2	0
—— Sarsaparillæ	-	2	0
—— Stramonii Sem.	- unc.	5	0
—— Taraxaci	- - -	0	9
Ferri subcarbonas	- - lb.	1	6
— sulphas	- -	1	6
Ferrum ammoniatum	- -	4	6
—— tartarizatum	- - -	4	6
Galbani Gummi-resina	- -	14	0
Gentianæ Radix elect.	- - -	1	6
Guaiaci resina	- - -	9	6
Hydrargyrum purificatum	- -	5	6
—— præcipitatum album	-	9	0
—— cum creta	- -	4	6
Hydrargyri Oxymurias	unc.	0	8
—— Submurias	- - -	0	8
—— Nitrico-Oxydum	-	0	8
—— Oxydum Cinereum	-	1	6
—— Oxydum rubrum	- -	5	6
—— Sulphuretum nigrum	-	0	4
—— —— rubrum	-	0	6
Hellebori nigri Radix	lb.	2	6
Ipecacuanhæ Radix	- - -	17	0
—— Pulvis	- - -	19	0
Jalapæ Radix	- - - -	6	0
—— Pulvis	- - - -	7	0
Kino	- - - - -	6	4
Liquor Plumbi subacetatis	P. lb.	1	6
— Ammoniæ	- - - 2 6	5	3
— Arsenicalis	- - - lb.	3	0
— Potassæ	- - - -	1	4
Linimentum Æruginis	- - lb.	3	6
—— Camphoræ comp.	-	6	0
—— saponis comp.	- -	5	0
Lichen	- - - - -	2	0
Magnesia	- - - - -	7	0
Magnesiæ Subcarbonas	- -	4	0
—— Sulphas	-	0	6
Manna	- -	5	0
— communis	-	3	0
Moschus pod, (32s.)	in gr. unc.	46	0
Mastiche	- - lb.	7	0
Myristicæ Nuclei	- -	10	4
Myrrha	- - - -	8	6
Olibanum	- - -	3	0
Opopanacis gummi resina	-	20	0
Opium (Turkey)	- -	50	0
Oleum Æthereum	- oz.	2	6
— Amygdalarum	- lb.	3	6
— Anisi	- - - unc.	1	8
— Anthemidis	- - -	6	0
— Cassiæ	- -	6	0
— Caryophilli	- -	4	6
— Cajuputi	- - -	4	0
— Carui	- - - -	1	6
— Juniperi Ang.	- - -	6	0
— Lavandulæ	- - -	2	6
— Lini	- - cong.	5	0
— Menthæ piperitæ	unc.	3	10
— Menthæ viridis Ang.	- -	4	6
— Origani	- - unc.	1	0
— Pimentæ	- - unc.	5	6
— Pulegii	- - - unc.	4	6
— Ricini optim.	- lb.	6	9
— Rosmarini	- unc.	0	9
— Succini	-	0	6
— Sulphuratum	- P. lb.	1	2
— Terebinthinæ	- - -	1	4
— — rectificatum	- -	2	0
Olivæ Oleum	- - cong.	14	0
Olivæ Oleum secundum	- -	9	0
Papaveris Capsulæ	- (per 100)	3	8
Pix Abietina	- - - lb.	1	0

		s.	d.
Plumbi Acetas	- - - - -	2	0
— subcarbonas	- - lb.	0	8
— Oxydum semi-vitreum	-	0	8
Potassa Fusa	- - - unc.	0	6
— cum Calce	- - -	0	2
Potassæ Nitras	. - lb.	1	0
— Acetas	- - -	8	6
— Carbonas	- - -	3	0
— Subcarbonas	- -	1	2
— Sulphas	-	1	0
— Sulphuretum	- -	4	2
— Supersulphas	-	1	6
Potasse Tartras	- - -	3	6
— Supertartras	- - -	1	6
Pilulæ Hydrargyri	- - unc.	0	8
Pulvis Antimonialis	- -	0	4
— Cinnamomi Compos.	- unc.	1	0
— Contrayervæ comp.	- -	0	3
— Ipecacuanhæ Compos.	- unc.	0	8
— Scammoniæ Compos.	unc.	3	6
— Tragacanthæ comp.	- -	0	4
Resina Flava	- lb.	0	4
Rhæi Radix (Russia)	- - -	28	6
Rhæi Radix (East India) opt.	- -	10	0
Rosæ petala	- - -	9	6
Sapo (Spanish)	- -	2	8
Sarsaparillæ Radix (Jam)	-	5	6
Scammoniæ Gummi-Resina	- unc.	7	0
Scillæ Radix siccat.	- lb.	2	6
Senegæ Radix	- - -	3	6
Sennæ Folia	- - -	6	6
Serpentariæ Radix	- -	6	0
Simaroubæ Cortex	- -	4	0
Sodæ subboras	- - -	2	9
— Sulphas	- - -	0	6
— Carbonas	- -	5	6
— Subcarbonas	- -	1	10
— — exsiccata	- -	5	0
Soda tartarizata	- -	2	6
Spongia usta	- - unc. -	1	6
Spiritus Ammoniæ	- M. lb.	4	6
— —— aromaticus	-	4	6
— —— fœtidus	- -	5	0
— —— succinatus		5	6
Spiritus Cinnamomi	- - -	3	6
— Colchici Ammon.	- unc.	0	5
— Lavandulæ	- -	5	0
— Myristicæ	- - -	3	6
— Pimentæ	- -	3	0
— Rosmarini	- -	4	0
— Ætheris Aromaticus	-	6	6
— — Nitrici	-	5	6
— — Sulphurici	- -	6	0
— — Compositus	-	6	6
— Vini rectificatus	- cong.	32	0
Syrupus Papaveris	- - lb.	2	0
— Sarsaparillæ	- - lb.	9	0
— Tolutanus	- - lb.	3	4
Sulphur Sublimatum	-	0	9
— Lotum	- - -	1	6
— Præcipitatum	-	2	6
Tamarindi Pulpa opt.	- -	3	6
Terebinthina Vulgaris	-	0	10
—— Canadensis	-	6	0
—— Chia	-	10	6
Tinct. Ferri muriatis		5	0
Tragacantha Gummi	- - -	8	0
Valerianæ Radix	- - -	2	0
Veratri Radix	- - -	2	6
Vinum Colchici	- - - -	4	0
— Ipecacuanhæ	- - -	5	6
— Opii	- - - - -	8	0
Unguentum Hydrargyri fortius	-	5	0
—— —— Nitratis	-	3	6
—— —— Nitrico-oxydi		3	9
Uvæ Ursi Folia	- - -	2	6
Zinci Oxydum	- - -	7	6
— Sulphas purif.	- - -	2	0
Zingiberis Radix opt.	- - -	4	0

*** *Furnished by Messrs. J. and G. WAUGH, Chemists and Druggists, Regent Street.*

THE METEOROLOGICAL JOURNAL,

From the 19th of MAY, to the 20th of JUNE, 1824.

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May.	Moon.	Rain Gauge.	Therm. 9 A. M.	Therm. Max.	Therm. Min.	Barom. 9 A. M.	Barom. 10 P. M.	De Luc's Hygrom. 9 A. M.	De Luc's Hygrom. 10 P. M.	Winds. 9 A. M.	Winds. 10 P. M.	Atmo. Variation. 9 A. M.	Atmo. Variation. 2 P. M.	Atmo. Variation. 10 P. M.
20		,265	53	57	37	29 54	29 60	60	63	NW	NNW	Fine	Fine	Fine
21	☾		50	54	42	29 73	29 77	57	60	ENE	SE	——	——	——
22			45	52	44	29 80	29 75	67	67	NE	SE	Clo.	Sho.	Fair
23			50	54	48	29 76	29 75	65	70	N	NW	——	Fine	Fine
24		,18	50	54	41	29 76	29 84	78	78	NW	E	Rain	Rain	Rain
25			49	54	42	30 00	30 07	75	77	ENE	N	Fair	Fair	Clo.
26			50	60	50	30 22	30 32	77	74	NE	SSW	——	Fine	Fair
27			60	66	55	30 40	30 42	60	60	W	E	Fine	——	Fine
28	☾		64	65	52	30 37	30 24	58	60	S	S	——	——	——
29			60	63	53	30 14	29 93	55	57	ESE	E	Fair	Ovc.	Fair
30		,5	54	64	54	29 70	29 66	60	67	ESE	WSW	——	Sho.	Fine
31		,288	56	65	54	29 70	29 80	64	70	W	NW	Clo.	Fair	Fair
1			56	65	49	29 97	30 10	70	72	N	NE	——	Fine	Fine
2			55	67	48	30 17	30 12	63	69	NE	E	Fine	——	——
3			50	59	48	30 18	30 15	70	70	ENE	NE	Clo.	Clo.	Clo.
4	☽		49	64	45	30 18	30 10	72	70	ENE	ENE	——	Fine	Fine
5			53	60	50	30 07	30 00	70	70	NE	NE	——	Ovc.	Ovc.
6			55	65	55	30 03	30 00	70	72	NE	E	——	Fine	Fine
7			57	68	50	30 00	29 95	65	70	E	NE	Fine	——	——
8			60	70	48	29 96	29 90	72	75	E	E	——	——	——
9			52	67	40	29 86	29 74	79	80	E	E	Clo.	——	——
10		,60	50	55	45	29 75	29 84	95	84	NE	NE	Rain	Rain	Rain
11	●		49	57	44	29 94	30 00	75	79	ENE	NE	Clo.	Fair	Fair
12			49	60	46	30 00	30 00	80	80	NE	NE	——	——	——
13			53	60	49	29 85	29 70	81	89	SW	SW	Fair	Fine	Rain
14		,70	50	62	52	29 37	29 22	95	90	SSW	S	Rain	Fair	Fine
15			55	57	48	29 10	29 27	95	88	SE	S	——	——	Clo.
16			55	60	47	29 40	29 46	73	80	ESE	NNE	Fine	Ovc.	Clo.
17			53	59	49	29 60	29 80	85	78	NE	NE	Rain	Fair	Fine
18			55	60	47	29 87	29 84	60	63	NE	W	Fine	Fair	Fine
19	☾	,25	53	58	50	29 60	29 32	70	84	S	SSW	Rain	Rain	Rain

The quantity of rain fallen in May was 2 inch. and 88-100ths.

NOTICES TO CORRESPONDENTS.

'O Νοσοκόμος will receive attention.

Communications have been received from Dr. O'Hallaran, Mr. Blackett, and Mr. Ripley.

†‡ Communications, and Works for Review, are requested to be addressed (post-paid) to the EDITORS, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

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BEING

No. VIII. of a NEW SERIES. — Vol. II.

PART I.

ORIGINAL COMMUNICATIONS.

I.

Account of the Diseases most prevalent in the 64th Regiment, during the Year 1818, whilst stationed in Gibraltar. By Thomas O'Halloran, M.D., &c.*

Previously to giving a statement of some practical observations on the health of the 64th regiment, subsequent to its arrival in Gibraltar, I conceive it to be useful, as tending to illustrate the subject, to prefix some remarks on the composition of the corps, the situation and condition of the barracks in which it is quartered, with an outline of the system of economy that is ordered to be pursued by the commander.

When the regiment arrived at Plymouth in the beginning of 1816, its ranks were principally filled by men who had served in the West Indies. The most of them were enfeebled

* The substance of the following remarks was transmitted to England in 1818, whilst I remained in charge of the sick of the 64th regiment.

by long residence in that climate; many of them were, in fact, valetudinary through the effects of intemperance — a habit soon contracted where rum constitutes a part of the daily ration, and where it is otherwise procurable with little money. The greater number of these subjects were discharged during the years 1816 and 1817, and the majority of those who filled the vacancies were natives of Devonshire and Cornwall. They consisted of young men brought up for the most part in agricultural employment. Besides these, a number of labourers and weavers were enlisted in Ireland; and a good many, who had been employed in the different branches of the cotton and linen trade, were brought from Glasgow and Manchester. The regiment, as it now exists, is principally composed of young men from seventeen to thirty years of age — the original mode of life agricultural or manufacturing. The strength of the corps is 725. Nearly four hundred are natives of England, upwards of two hundred Irish, and the remainder Scotch.

The regiment arrived in the Bay of Gibraltar on the 11th of April, 1818, and disembarked on the 16th. Seven companies were quartered in Windmill barracks; three in the barrack at Europa Point.

Gibraltar, anciently called *Mons Calpe*, which forms the southern extremity of Europe and of Spain, is situated in the province of Andalusia, at the eastern entrance of the Mediterranean Straits. It projects towards the south into the sea, in the form of a promontory, from the continent of Spain, to which it is connected by a narrow, sandy, alluvial isthmus, of one thousand yards broad at its narrowest, and one thousand three hundred at its widest part. It is washed at its base, except at its north-east extremity, by the waters of the sea, and by those of a large, deep, and commodious harbour, which is formed at the entrance by the headlands of Cabrila and Europa Points. The length of this promontory from north to south is three miles; its greatest breadth about one mile. The narrowest part is Point Europa, which measures about five hundred yards.

The mountain, properly so called, is of great height, being nearly fourteen hundred feet above the level of the sea. The western side, which is more or less variegated by the alternation of abrupt ridges, protuberant clusters of rock, and indented by intervening depressions, being thinly covered with grass and shrubs, presents a feature of singular grandeur and beauty: it inclines, almost perpendicularly in parts, with considerable declivity in others, towards the harbour, along the abrupt margin of which an inclined plain is situated,

affording space for a town, a public and several private gardens, in which the vegetative processes are quick and vigorous, the productions luxuriant; military works, barrack for troops, &c. The rock on this side is, to a considerable extent, habitable — at least it may be rendered so by the industry of man; but on the east it is so extremely steep and perpendicular, as to be perfectly inaccessible throughout. The north front, as it is called, is naturally steep, and nearly perpendicular towards the eastern extremity. On the western side the slope is gradual, and interspersed with precipices. The barrier at this point being rather defective, required the aid of art to render it secure against the inroads of an enemy; consequently a Moorish castle of considerable dimensions was erected, which, notwithstanding its present dilapidated state, exhibits unequivocal marks of former grandeur, and of the importance of its situation for ensuring the safety of the garrison from hostile invasions on the land side.

The ridge of mountain which runs from north to south, and divides the rock into two unequal parts, is rather suddenly discontinued within one mile of the southern extremity; and afterwards sloping with gradual descent, terminates abruptly in a range of rocks, which form the northern boundary of Windmill Hill Flat. It is under the lee of this abrupt termination of the mountain, within a few yards of its craggy and broken edge, that the barracks, commonly designated Windmill Hill Barracks, are situated. From the barracks a plain expands, in the form of a fan, into an extensive platform, still elevated above the level of the sea, and bounded by a steep range of rock, at the exterior margin of which a parapet-wall is erected with batteries at different intervals.

Windmill barrack stands at about four hundred feet above the level of the sea. It is a long narrow stone-building of two stories, distant from the town about one mile and a half, and from the south barracks about three quarters of a mile. An arcade extends along the whole length of the ground floor, under which the men have a sheltered walk, though not perhaps a safe one when the wind descends in force from the rock in rear. The upper story has a balcony on the side of the rock, similar to the arcade below, and it is employed for similar purposes. This barrack is considered of sufficient dimensions to accommodate six companies of a regiment, three on the ground-floor, and three on the upper story.

The healthiness of this position has been questioned by many; and it is, in my opinion, a situation which should be occupied only from actual necessity. The hill is distant from

the town and from some of the guards from one to two miles; consequently the men, when they go on guard, or when they return from duty, are frequently overheated in hot weather, and more or less fatigued or exhausted. The road from town to the south district, and from thence to Windmill Hill, is of unequal level. It is steep for more than a quarter of a mile, and, as such, fatiguing to those who make the journey on foot during the heat of the day. It is so perfectly sheltered by the mountain from the sirocco wind, that the traveller in calm weather is not once refreshed by a breeze until he reaches an excavation at the top through which the public road leads, and which, for the violence of the blast for which it is remarkable, has obtained the name of the *Devil's Bellows.* The breeze which passes over this position is usually cool, refreshing, and sometimes strong, at the very time that it is enfeebling and oppressive at other inhabitable parts of the rock. This is as striking on some occasions, as if the different parts of the garrison were not in the same latitude; and from this cause it is not improbable that persons overheated in returning from duty at the lower parts of the town, or carelessly exposing themselves to the cool and refreshing breezes which pass over those positions, and which sometimes strike with injurious force on the passes or hollow ways, suffer from febrile forms of disease, chiefly pneumonia or dysenteria. This supposition may reasonably be expected to occur from the circumstances described; the expectation was realized when the 64th regiment occupied the barracks at Windmill Hill, and more recently in the 75th regiment.

PART I.—PNEUMONIA.

Having given a short description of the composition of the regiment, and the nature and situation of the barracks it occupied, I now proceed to offer some observations relative to the pneumonic form of disease with which it was affected soon after its arrival.

Fifty-two cases of this disease were successfully treated in the hospital of the 64th, between the 16th of April and 20th of September, 1818.

In the various cases of pneumonia which occurred to my observation, the symptoms were usually of a severe description. A spasmodic or inflammatory affection of the diaphragm appeared in a few instances to be connected with the disease of the lungs. The attacks in such cases were, in general, very sudden. The soldier, who, to all appearance, was free from disease when placed on duty, was not unfre-

quently found by the relieving sentinel in a state of insensibility, without the power of speech or motion. He foamed at the mouth; the extremities were cold; the pulse contracted, small, and scarcely perceptible; the skin covered with a clammy sweat; the tongue white; the pupil dilated; the cheek flushed; the dyspnœa violent, with obscure hiccup; and the expression of countenance was changed in two instances to what is commonly denominated *risus sardonicus*. Without any previous preparation, the lancet in such cases was resorted to, and always with most decided advantage. The abstraction of a large quantity of blood caused the pulse to expand, restored the patient to his senses; after which the recovery was rapid under the usual mode of treatment in pneumonic inflammation.

I have simply to observe, that in all cases of pneumonia I placed my chief reliance for the removal of the local inflammation in early and copious venesection; regulating, of course, the abstraction of blood by the various circumstances of age, strength, and severity of symptoms. With the employment of the lancet I conjoined purgatives and the use of antimonials in nauseating doses, together with the warm bath. The following is a sketch of the treatment from day to day: —

The pneumonic patient, after undergoing ablution with tepid water and soap, was placed in bed, and bled in a horizontal position. If the pain and dyspnœa were great, the pulse hard and quick, the patient being at the same time young and robust, I took away from thirty-two to sixty-four ounces of blood. Towards the end of the operation, if no disposition to faint manifested itself, I caused the patient to sit up in bed. Syncope usually followed the change of position, either immediately or after a few more ounces of blood had flowed. Many advantages arise from inducing syncope at an early period of the disease; for, independently of the temporary cessation of the action of the heart and arteries, and consequent interruption of the process of inflammation, a general and profuse sweat usually breaks out; the constipation of the bowels also often gives way, and the necessity of a purgative is thus in part superseded. Nausea occurs, and sometimes vomiting; it appears to be serviceable by unloading the stomach, almost without effort or straining. It was often necessary to repeat the operation of venesection a second time in a few hours afterwards, and sometimes a third time in the same day. After the first bleeding I usually gave a cathartic of calomel, ten, fifteen, or twenty grains, with ten of the extract. colocynth. comp.: this apparently powerful

purgative was often slow in operating, so that it was occasionally necessary to expedite the act by a solution of salts; it usually operated with the mildness of an ordinary dose of calomel, and brought away a quantity of hardened fæces.

On the second day of the disease, if the distress of the lungs (and it was often the case) had not materially abated, I had again recourse to the lancet, and usually gave a solution of tartarized antimony, in nauseating doses. The antimony tended to excite a gentle diaphoresis, whilst the nausea it produced assisted to lower the general febrile activity and the local inflammation, without producing vomiting; the effect of which might have been doubtful, perhaps hurtful, by straining and agitating the system. This medicine appeared to be a good substitute for the lancet in the more advanced period of the disease, when, from previous evacuations, the use of that powerful agent might have appeared hazardous. I rarely had occasion to bleed the patient on the third day. I continued the tartarized antimony, and on the fourth or fifth the patient was usually up. It was astonishing how quickly patients recovered from the debility produced by copious and repeated venesection. In bleeding, I was seldom guided by quantity prescribed by anticipation, but by the effect produced under the act while the blood flowed from the arm. Syncope was expected, and on the occurrence of it the arm was tied up. The warm bath was generally used on the admission of a patient, with the view of removing filth from the surface; but it was rarely resorted to at a subsequent period. I am disposed to look upon it as a remedy of little value in this disease, particularly when the slipper bath is used; for I conceive that the inconvenience, pain, and trouble, to which the patient is liable in getting in and out of it, more than counterbalance any good effects hitherto known to arise from its use.

I am not aware of having lost any European patients who laboured under attacks of this disease when the constitution was otherwise good; but it often happened that cases came within my observation where the lungs had been deranged from previous attacks, when, notwithstanding my endeavours to subdue the inflammatory affection, a consuming suppurative process, commonly called phthisis, set in, which soon destroyed life. I have not been so fortunate, however, in the treatment of blacks who laboured under pneumonia. I had the medical charge of the 3d West India regiment in Barbadoes in the year 1812, when the disease was very prevalent and fatal in that corps. I used the lancet freely, but not to the extent which was sufficient for the removal of the local inflammation.

Next to venesection, I then placed my greatest reliance on the warm bath, a remedy which was frequently succeeded by delirium. Where delirium appeared (it may be important to mention) not a patient recovered. Delirium is not a common symptom in pneumonia, in so far as relates to European soldiers; but in the corps in question it generally appeared at some period of the disease, when the termination was fatal; and I have noticed that it more frequently followed the use of the warm bath than otherwise.

Subjoined are two cases of pneumonia; they will serve to illustrate the practice pursued in this disease at Gibraltar: —

Case 1st. — Terence Hesling, aged thirty-one. Admitted 6th June, 1818, in the afternoon. Violent headach; acute pain in the back between the shoulders; dyspnœa great; hard, full, and strong pulse; hot and dry skin; bowels open; suddenly attacked on fatiguing duty. Bled to the extent of three and a half pounds; a purge of calomel and colocynth.

7th June. — The blood buffed; syncope from the bleeding; headach; eyes inflamed; face flushed; pulse 100, hard and full; skin hot, dry; bowels not affected by the medicine; respiration difficult; countenance dejected; incoherency of language. The bleeding repeated to the same extent, viz. three and a half pounds; one scruple of calomel, with ten grains of colocynth; salts, if necessary, at the expiration of two hours. At ten o'clock an enema was administered. Noon, a warm bath. Evening, the respiration difficult; bled to the extent of one pound; purged briskly.

8th. — The symptoms violent; the face flushed; the skin hot and dry; the pulse firm, full. Bled to the extent of three pounds; antimonial mixture.

9th. — Improved. A purge.

10th. — The antimonial mixture in nauseating doses.

About noon on the 12th he became feverish, and two pounds of blood were abstracted. From this period he gradually improved until the 21st, when he resumed his duty.

The foregoing case is very important, in so far as it proves that a very large quantity of blood can with safety be abstracted in pneumonic inflammation; for, notwithstanding that the patient lost eleven pounds of blood in thirty-six hours, and thirteen in the course of the disease, he returned to his duty on the 21st, being only sixteen days confined. His case was desperate; and rigorous means were consequently resorted to, but no ill effects followed the practice. Indeed, the records of the 64th regiment amply prove the necessity of active measures in this disease; for I find, from a return now before me, that 137 patients were admitted into the hospital at

Gibraltar between the 16th of April, 1818, and 20th of June, 1820, and only one death took place.

As the following case is somewhat more important than the preceding, I will give it in detail: —

Case 2d. — Samuel Merrifield, aged twenty-one. Admitted 30th May, 1818. Seized on guard at Europa Flat last night with headach, which was speedily followed by violent pain of the back and shoulders. Complains at present of acute pain in the left side and back; pain of the side intolerable on making a full inspiration; dyspnœa excessive; pulse 90, hard, full; skin moist, clammy; tongue clean; bowels loose; felt languid and weak when exposed yesterday in the heat of the sun. Bled to the extent of four pounds from the arm; a purge.

Twelve o'clock, M. — Syncope induced by the bleeding; blood free from buff; considerable febrile heat. The warm bath.

One o'clock, P.M. — The pain in the back relieved; that of the side and difficulty of breathing augmented; the face flushed; pulse as in the morning; skin hot and dry; convulsive respiration; constipation of the bowels. Bled to the extent of two and a half pounds; salts.

Three o'clock, P.M. — Syncope followed the bleeding; the pain of the side, which was removed by the loss of blood, has returned with equal violence as before; the spasmodic pain, on making a full inspiration, considerable. Bled to the extent of a pound and a half. *Evening.* Syncope from the bleeding; two stools — one copious, the other not; the pain of the side removed; skin cool and moist; pulse full, soft.

31st. — About half an hour's sleep last night; no recurrence of pain nor dyspnœa; several stools during the night; pulse 80, soft, full; skin cool. Antimonial mixture.

Ten o'clock, P.M. — The pain of the side returned; dyspnœa; skin hot and dry; countenance flushed; pulse strong, hard, 80. Bled to the extent of two and a half pounds; a blister to the side. From this period he gradually improved until the 14th of June, when he was discharged from the hospital.

It may be necessary to notice, that the patient whose case has been detailed lost eight pounds of blood in about five hours, which saved his life; for he must have died had active measures not been resorted to. He was a strong man.

Return of Pneumonic Cases of the 64th Regiment from 16th April to 10th October, 1818; viz. Number of Days in hospital, with the Quantity of Blood taken from each during the period of attack:—

NAMES.	Number of days in Hospital.	Quantity of Blood, &c.	NAMES.	Number of days in Hospital.	Quantity of Blood, &c.
Peter Pepper	7	7 lbs.	Philip Burnett	9	7 lbs.
David Burt	13	6½ —	Samuel Williams	42	8½ —
Henry Little	17	5 —	Jos. Donnely	6	5 —
John Kenning	26	9½ —	John Burns	13	7½ —
Thomas M'Carty	37	7 —	Joseph Godfry	12	6 —
Richard George	14	9 —	Richard Lewis	12	6 —
Alex. Stewart	60	10 —	Richard Marchant	11	4 —
John Bruce	17	8 —	Edward Passmore	8	7 —
George King	25	9½ —	Robert Cole	28	11 —
Samuel Merrifield	15	10½ —	Edmund Collins	12	2 —
William Herd	11	7½ —	William Hughes	10	3 —
John Mollay	11	10 —	John Hawkins	16	5½ —
John Caddle	10	8 —	Rich. Lambshead	15	5 —
John Philips	10	9½ —	Robert Rankin	31	8 —
Jer. Hesling	14	13 —	John Williams	15	9 —
Edward West	11	2½ —	Arch. Gilchrist	14	10 —
Joseph Ferguson	11	3½ —	Alexander Dunn	6	3 —
John Daugherty	22	8½ —	Harvey Langhead	13	9½ —
Thomas Bernard	14	6 —	Andrew Green	6	2 —
John Carson	11	7 —	John Philips	5	5½ —
Samuel Siddon	15	9¼ —	John Glinn	6	3 —
Hugh Burns	15	4½ —	Jer. Brock	13	7 —
Robert Davey	15	8 —	Edward Hughes	30	5 —
William Hayley	14	8 —	Cornel. Quinn	7	3 —
Robert Hinton	11	4 —	Edmund Payne	9	6 —
John Ingram	9	6 —			

The foregoing list shews the admissions within a certain period. From the quantities of blood abstracted in individual cases it will appear that the disease, in general, was of an aggravated nature; and that, however violent the disease, the recoveries were most rapid when determined measures were pursued in the incipient stage, or before the termination of the twenty-fourth hour from the attack. With regard to the severity of the disease, the registers of the 64th regiment may be produced as authentic evidence; and I am fully of opinion that, under such aggravated forms, a parallel as to success does not obtain either in military or private practice; and in confirmation of my opinion, I take the liberty of appealing to my learned friend the senior medical officer at Gibraltar, under whose superintendence the patients were treated, and who will vouch for the authenticity of what I have stated.

(To be concluded in our next.)

II.

On Dentition as a Cause of Disease. By Henry Robertson, M.D., &c.

That a disorder of the system is ever occasioned by dentition seems to me very problematical. In the first place, if disease does ever occur from this process, like that of every specified ailment from a particular cause, its symptoms must be in every case uniformly the same, excepting only those deviations, the effect of idiosyncrasy and habit: but, on the contrary, I have never met with any description of the disorder supposed to arise from dentition, sufficiently distinguished in its characteristic marks. I have seen it mistaken for an affection of the chest; again described as an affection of the stomach and bowels: sometimes it is supposed to consist in a determination towards the head; in a fever without any local affection; in epileptic fits; or, in short, in a combination of all those disorders. Man is the only animal that is supposed to suffer from dentition. Infants about the period of dentition are more liable to be affected with the ordinary causes of disease than when farther advanced; and it does not unfrequently happen that every disorder of the infant state is imputed to the effect of dentition, in disregard of more palpable causes of disease — a prejudice from which the most serious consequences frequently follow.

There is not a subject of greater importance in regard to the health of children, than clearly to ascertain and define the different causes that act in deranging their delicate functions; this, however, is not a discussion I intend to take up here: my intention is to offer a few remarks on dentition as a supposed cause of disease; and by distinctly shewing the real nature of that process in a concise manner, it may serve to abridge our labours in investigating the general causes of disease in the early periods of life.

Were the cutting of the milk-teeth really a cause of disease, every infant in that case must have suffered more or less during that process; and, moreover, the more robust the child, and the longer he is in getting his teeth, so in proportion must his sufferings have been increased, in consequence of the greater progress in ossification, and therefore the greater hardness both of the maxillæ and the teeth. But the reverse of all this is the true state of the case — children are born healthy and stout, having already several teeth; in others, again, the process of dentition is so tardy, even in the most healthy and robust infants, that there are instances on

record where the teeth have only appeared in the second, third, fourth, and even so late as the seventh year of the child's age; and although the entire set nearly protruded at the same time, no sign of particular uneasiness was evinced during this process. So far as my experience goes, the supposed ill effects of dentition are only met with in badly managed infants among the poorer orders; or among the offspring of foolish mothers, who rear their babies more like dolls and playthings than as beings fitted to mix in rational society as they grow up; but in such instances their ailments can always be obviously traced to more palpable causes than even the supposed effects of dentition. In early life the balance of the circulation is strongly in favour of the arterial system. All inflammatory complaints, and therefore pneumonia, are very common among infants: but I imagine it would be a very difficult matter, if not impossible, to explain how pneumonia could originate from dentition; for even allowing that teething does, by irritation, produce a phlogistic diathesis in the system, that, we know, is a general, not a local disorder; neither will the connexion between that disease and its supposed cause, in this instance, admit of explanation, even on the admission of nervous sympathy. The same observations apply to all those ailments that arise from a determination towards the head; and equally so to the affections of the alimentary canal in children, which are most commonly occasioned by some error in the diet. However, it has been asserted that affections of the alimentary canal in children are brought on in warm countries by such causes as produce remittent and intermittent fever in the adult; and also that this is the leading symptom among very young subjects in these diseases — probably not dissimilar to the cholera morbus in its epidemic form in intertropical countries. Again, I have never seen an epileptic fit in a child whose frame was perfect, which could not be obviously traced to the state of the stomach and bowels — either from being overgorged, or from something improper in the food that had deranged their healthy functions; and although this disease, under the circumstances we are now considering, has been commonly imputed to dentition, I cannot possibly conceive, for reasons which will be immediately adduced, how it can originate from this process: but if dentition proves at any time a cause of disease, I should imagine it must first manifest itself as a local affection; but I am not aware that any case is recorded where suppuration or any other consequence of inflammation has occurred in the maxilla of any one from the mere process of dentition. I am aware of the prejudice

in favour of scarification of the gums, or cutting off a portion above where the tooth threatens to protrude; moreover, I know that this is neither a safe nor an advisable practice to be employed indiscriminately, and that instances are given where death has ensued upon these operations; I therefore limit the preceding observation to cases where no surgical, or otherwise officious interference has been adopted.

In a new-born infant all the bones are extremely soft and vascular; and it is only progressively with the growth of the child that they become harder and of firmer consistence. Such is also the condition of the teeth; at birth each tooth is nearly a pulpy mass, enveloped in a distinct membrane, and contained within the substance of the jaw-bone; each tooth is supplied with a separate minute arterial branch from the external carotid, an accompanying small vein, and a minute ramification from the second and third branch of the fifth pair of nerves. As the child gets older and grows, the teeth acquire hardness and consistence, and gradually protrude through the jaw, commonly commencing about the sixth or seventh month, first with the front teeth, and at intervals the others succeed; so that the first set are complete within the first two years of the child's age. But it must be kept in remembrance that the protrusion of the teeth in dentition is not effected by a forcible propulsion of the tooth itself, so as to cause it to act with violence on the substance of the jaw; on the contrary, so very gentle is the progress of the tooth to the surface of the jaw, that the smallest resistance is sufficient to turn it out of its course, as is exemplified in the cutting of the adult or second set of teeth. The action of the minute artery with which each tooth is supplied is not adequate to give it this propelling force; and being placed within the substance of the jaw, the tooth is thereby protected from any power the action of the muscles in the vicinity might have in this way. Again, the tooth itself cannot be the true cause of pain in the process of dentition, not only from its protected situation within the jaw, but from the corona being covered with an enamel,—a substance which, in the healthy subject, possesses the lowest degree of sensation, and which guards it against the resistance of the jaw-bone in the tendency of the tooth outward, supposing such resistance occasionally to take place: but allowing that there exists occasionally a stronger propelling force than I can see reason to believe, we know, from other cases, that the most serious injuries of the jaw take place daily without any particular disturbance in the system; and in the cases I have already alluded to, where a fatal event succeeded certain operations

on the gums, it must be remarked that the local disease had probably been communicated to other parts of the mouth, and from thence to the system.

Many Practitioners have alleged that the evils arising from dentition have been owing to the pressure of the tooth upon the periosteum; but it must be kept in view that this is a membrane possessing a considerable degree of elasticity, and by no means acutely sensible unless inflamed; it must be, moreover, observed, that the periosteum is chiefly nourished by the vessels that supply the maxilla; that consequently the absorption of the part of the jaw opposed to the tooth must be the natural precursor of the decay of the covering periosteum: it having been shewn, by every modern work of science on the subject of the teeth, that the substance of the jaw and the covering soft parts are gradually absorbed as the tooth makes its way to the surface; and, in short, that dentition is a process of nature similar in all respects to that which gives solidity and growth to the system, and which produces those remarkable changes in our economy that take place at certain periods of life, but of the progress of which we are neither conscious, nor do we suffer inconvenience from it.

It is no uncommon practice, on visiting an infant, for the Practitioner to commence his inquiries by trying to ascertain the progress of dentition in the little patient; and if it so happens that, from a protuberance on the ridge of the maxilla, a tooth is suspected under it, no farther question or doubt is entertained of the cause of the child's illness, whatever this may be; but, in fact, such is the prejudice vulgarly entertained on this subject, that in many cases it would endanger the reputation of the Practitioner to act otherwise than as I have stated. But the swelling of the gum from the protruding tooth, is by no means occasioned by inflammation; it is now well ascertained that the teeth increase from the fang upward; moreover, that the alveolar processes are formed at the same time with the teeth — a fact that may be easily ascertained by examining the place in the jaw from which a tooth has been extracted some time, by the collapsed space which the tooth had formerly occupied; that therefore the apparent enlargement of the gum is the natural consequence of the increased volume of the maxillary ridge, where the tooth is about to appear. I may here observe, that from the position of the teeth within the substance of the maxillæ it will immediately appear how unavailing the indiscriminate practice of destroying the gum must be as a mean of liberating the tooth. It is presumed that the sensation of the maxillæ is much less acute than that of the teeth, from observing that the nerves

going to the upper and under jaws are chiefly spent in ramifications to the teeth, and in supplying the soft parts of the mouth and chin; and taking into consideration the spongy and comparatively soft state of the maxillæ in the infant, any pressure there, from whatever cause it may be, cannot occasion so much uneasiness as in the adult: but if the dentition of infants be attended with such direful consequences as are generally asserted, how does it happen that we never hear of any disease taking place from the cutting of the second set of teeth, which commonly commences about the seventh year, at a period when the maxillæ are more completely ossified, and the teeth even harder and more consistent? Indeed, I consider this fact alone as an irrefragable proof that dentition is in no circumstance either a cause of disease, or even gives a predisposition to any derangement of the functions; on the contrary, daily instances are met with where the indisposition of the infant affects materially the process of dentition. There are one or two cases recorded where chorea St. Viti was thought to be occasioned by one or two of the milk-teeth not being duly cast even towards the age of puberty; but I rather imagine that the tardiness in casting these teeth indicates some debility or peculiarity of constitution giving a tendency to the disease stated, and is by no means a proof that the milk-tooth was the cause of the disease. A great authority in our Profession has declared against investigating the causes of diseases, as being of no importance in directing us to a proper mode of cure: this is a doctrine to which I cannot subscribe, and I imagine the subject now under discussion sufficiently shews the fallacy of it; for by mistaking a general disease of the system as occasioned by an imaginary affection of the mouth, and accordingly directing our treatment to the supposed local ailment, much mischief must ensue thereupon.

The above is the outline of facts upon which I have formed an opinion that dentition has no effect in bringing on disease — that it is a regular process of nature, directed by the great Author of our existence, and proceeds so gradually that the possibility of an inconvenience or irregularity of the functions arising therefrom is effectually precluded.

I shall be highly satisfied if the above prove the means of drawing the attention of the unprejudiced of our Profession to a consideration of this subject, as it may be conducive to alleviating the sufferings of mankind at a period of their existence when more exposed to the causes of disease, and which more especially claims sympathy and protection.

III.

Adversaria Medica et Chirurgica. By JOHN FOSBROKE, Esq., Surgeon, Cheltenham.

THE author of the Biography of the Second Monro, in the Encyclopedia Britannica, observes, that for the attainment of his eminent skill and success "he was indebted in no small degree to the habit of keeping a regular account of every case which came under his care, with the addition of such notes and observations as his good sense and general judgment supplied."

I must ascribe the practical knowledge which my years and humble abilities have enabled me to obtain chiefly to the use of this practice of taking notes. In this way a considerable mass of facts has accumulated, faithfully drawn from observation, without bias or prejudice towards particular doctrines. To these I have added such reasonings as my judgment rendered me capable of.

Of these facts the greater part is probably of little value; but there may be some not altogether without general interest.

I am reluctant to throw the whole aside for ever as profitless and barren; but in making a selection, I would not wish to lie open to illiberal constructions.

In offering for publication a few practical sketches, taken from time to time, I am not actuated by any vanity of authorship or self-opinion of superior knowledge. There is a time in every man's adolescence when he will think highly of himself; but there is also a time when he will think less so — when he will feel but little disposed to envy even superior abilities, or to pride himself, as formerly, on any capabilities of his own.

The advantages of publication are these: it must infallibly lead to habits of much more minute attention and inquiry into various subjects than one individual would give, if he did not propose to himself a definite object and an end in treasuring up his observations. From the latter, improvement of his own mind is a sure result; of the former, improvement of his profession may accrue.

If diligent attention should lead to discovery, anticipation will be prevented by extemporaneous publication. This evil has occurred to many of my friends. It happened to a considerable extent to the late Drs. Parry and Jenner. They should have first published, and finally have selected and combined into one work what things were worthy of pre-

servation, as did the late Mr. Hey, of Leeds. It is better to publish than to cast away the fruits of your wit upon egotists and *stealers of ideas.*

To a young man it is of use; for in towns every young man, till he acquires a name, will find his practice subject to all the defamation and misrepresentation that the malice of rival interests can invent; but the thing that "is not done in a corner," and stands upon record, sadly baffles petty censoriousness and interested levelling.

To young men habits of composition are of use. In this respect, some of the best Practitioners in this country are most deficient.

Though the practice of writing in medical journals be not of much account for any fame that it will bring, yet the calm and peaceful recreation which it affords to those who have leisure for it, and feel an inward satisfaction in it, is equal to that afforded by any other liberal pursuit, and a sufficient compensation for the exercise.

What I have said is both for a preface and an apology to that which is to follow. The paper, headed as below, is one of a series which has originated as I have intimated.

At my leisure I shall communicate part of the remainder.

No. I. — *On the Utility of the early Opening of Suppurative Tumours.*

The observation of three or four years past has induced me to think that the utility of the early opening of abscesses is not sufficiently estimated; that no advantages, but often serious evil, attend the delay occasioned by awaiting the near approach of natural openings; that, *è converso,* openings may be made with safety and success previous to what has been supposed a necessary crisis of their progress.

Of the second position the following case is very illustrative: towards the third, which the subsequent cases fortify more particularly, it leads in many particulars: —

Case 1*st. Of Mammary Abscess.* — August 29th, 1820, I saw Mrs. G., of Goodrich, Herefordshire, a dark-complexioned, thin, but strongly-formed female, about fifty years of age, on account of a most painful and severe mammary abscess. Her general health had been growing worse gradually for several years past, having been affected with pyrosis, deranged action of the stomach, mucous membranes and viscera of the abdomen, and so much irritability of stomach, that it had been needful latterly for her to restrict herself to a milk diet. To these ailments were to be added wandering rheumatism and certain sores, of which the cica-

trices were still visible upon many parts of the body, and on account of which she had been in the infirmary. Previous to the time when I first saw her, and when it was apparently hastening towards suppuration, the local inflammation had existed about a week. The hardness occupied both the cutaneous and subcutaneous textures; the mammary glands were enlarged; the absorbents passing to the axilla were hardened like strings, and others, extending towards the clavicle and down the back, resembled reddish-black lines upon the surface. — Cupping-glasses, leeches, poultices of pulv. lini, and tinct. gent. co. (the substitute for Pradier's formula); calomel and opium, and senna mixture given liberally. To save further mention, these means were used to the end.

Two days subsequently, August 31st, all local pain and constitutional irritation ceased, which I attributed to the primary formation of pus. Conceiving that an opening made at this time would exonerate her from the further commotion which must needs come of the renewal of suppurative action, I enforced the necessity of this measure strongly, but unsuccessfully. On the following night of September 1, the suppurative process recommenced, with violent pain at the top of the shoulder, alternate numbness and pain of the arm of the affected side; breast so exquisitely painful as to be incapable of bearing the pressure of the bed-clothes; fever and constitutional irritation excessive; delirium; the pulse, which had been small and irritable, was quick and hard; bowels confined. The period to which I have alluded, when the powers of the constitution would be re-exerted to force a way to the surface, had now arrived, and the importunities of the preceding night were used again in vain: not only were importunities used, but also stratagem. — *VS. è brachio ad* ℥xvj.

Suffice it to say, that from the evening of this day, September 1st, to September 3d, local pain, delirium, constitutional irritation, extreme prostration of strength, morbid alterations of all the secretions, and torpor of the bowels, had increased. The affected breast* had become enormously large, tense, and pendulous. Matter appeared to be burrowing beneath the fascia towards the axilla. Calomel, Dover's powder, and jalap, given combined, were followed by stools, without remission of pain.

On the morning of the 3d every thing indicated greater danger; pulse small, wiry, and hardly perceptible; the local pain, which had been dreadful, had subsided wholly; she

* The opposite mamma was shrivelled, and adhered closely to the thorax.

complained of a sense of oppression about the heart; skin chilly; her general state of feelings shewing diminished sensibility; too weak to raise her head from the pillow; muscles and bones visible through the skin; the eye clouded, and countenance marked with the flaccidities and inequalities that precede death.

Her present situation now induced her to submit, though with much reluctance and obstruction to the act, to an insufficient puncture. More than two or three ounces of scirrhous pus were discharged, and a portion which, on account of its inspissation, could not pass through the contracted aperture of the puncture, appeared to be left behind. Some immediate relief might have been afforded by this operation; but as the depressed condition of vital power stood most prominent, it was needful to look for every means of rallying the energies of the constitution. I therefore gave her a draught, as follows, every three hours, throwing up occasionally a clyster of warm port wine and castor oil: —

℞ Ammon. Carb. gr. x.
Mosch. Ver. gr. v.
Opii, gr. j. M. Ft. haustus.

In the evening I called with a Physician of much respectability and eminence, Dr. Evans, of Ross: in obedience to whose advice she consented to have the first opening enlarged. Some small quantity of blood and pus issued forth, and somewhat in addition had been obtained by the poultices, which from the first had, with fomentations, been applied daily. The breast, as before, continued insensible, nor was it perceptibly diminished in size since the opening. She still complained of feeling "heavy at her heart." Pulse quicker, in consequence of the stimuli given; some fetid dark stools brought away by the enemata. Superac. plumbi to be added to the poultices. Medicines and enemata to be continued.

September 4th. — Saw her at six o'clock in the morning. Had continued the draughts, &c., till three in the morning, when she became worse. She had passed two black and fetid motions. The nurse declared that the castor-oil and wine in the clysters had been brought up through the mouth unchanged. Delirium; insensibility of the lower extremities; general weakness and sense of cold increased; stomach irritable, and rejecting every thing presented to it; for which reason the internal remedies had been discontinued. Pulse thready, and almost imperceptible; respiration short and difficult; the skin of the nates turned black; extreme flatulency. On feeling the abdomen, I found a considerable

enlargement in the region of the spleen. Sinapisms to the feet; brandy to be rubbed over the body and spine.

I now left her with the most unfavourable prognosis, but enjoined that no intimations of the probable issue should be given to the patient. Having, however, recovered her reason sufficiently for reflection to inform her of her situation, the last ceremonies of religion were performed at her bed-side at twelve o'clock, M. At four, P.M., I was summoned to her, found her sitting in bed, and received the following detail: — She drank very freely out of the sacrament cup; after which she felt increased chilliness, and ordered the sinapisms to be removed and warm flannels to be applied to her lower extremities. A sudden disposition to stool followed; two dark motions were passed, containing, nevertheless, some more natural appearances than the preceding, and accompanied with the undigested remains of fruit. After this a general reaction came on, the skin began to glow and itch, the heart pulsated with increased vigour and frequency, and a complete change both of general feeling and of all the functions appeared to take place. She rose in bed, and took brandy and gruel, alternated with red wine. The breast, till now void of any sense whatsoever, and discharging but little, began to discharge freely and to " prick and smart."

Opium, bark, and purgatives were continued; leeches repeatedly applied to the breast, which caused very copious discharges of blood and rapid diminution of the swelling. Poultices with mur. ammoniæ in solution. Recovery was rapid with the use of these means and of alteratives, which restored the different glandular functions to a more healthy state than the patient had known for many years.

Remarks. — This case is certainly interesting, insomuch as it shews the degree of constitutional commotion to which abscesses may give rise, and the necessity which exists, in many instances, for prompt measures of treatment. The individual was of a robust conformation, possessing strong passions, and great irritability physical and mental. Her constitution had been assailed by a sequence of local affections, coincident with continued and neglected derangement of the stomach and abdominal viscera. For many years she had been subject to pyrosis, upon which supervened rheumatism, neuralgic affections, and phlegmonous swellings. The secretions had been habitually of morbid quality and appearance.

This detail is not misplaced, as it imports not only some causes of breast abscess, but also as it accounts for the violence of the constitutional symptoms, and the want of

constitutional power to withstand the degree of commotion excited.

The next topics for consideration are the progress and phenomena of the local affection, and the conclusions which may be deduced concerning the most appropriate method of treating acute local swellings.

The precarious symptoms which followed in the second stage of the suppurative process to this patient, afford proof of the injury which may ensue, in consequence, to a frame unfit to bear the excessive irritation caused thereby. If, indeed, life had not been artificially supported by diffusible stimuli, the vital powers would in all probability have been so overlaid, that sufficient reaction would not have taken place. It was also well that when she did rally an opening had been formed, and that she had to encounter no farther check, which would probably have been fatal.

Bleeding, purging, emollients, &c., though palliatives, have no great power in subduing the local action or constitutional irritation. Nature has in view to fulfil a particular design; in this she perseveres, and when the constitution is incapable of bearing the effort, such means must be used as will enable it to rally.

In abscesses near to bones, under fascia, or near the rectum, early openings are made according to rule. It is not obvious why this important rule should not be extended to acute abscesses in other situations. Mr. Liston, who is probably the first operative Surgeon of this day, in an excellent paper on Caries, after insisting upon the propriety of evacuating matter, "when collected upon bones, in their vicinity, or in their substances," and the evils which result from permitting such collections to remain, says: — "Equally if not more dreadful effects arise from collections in the softer textures. Important cavities or canals are also apt to suffer from neglected abscesses in their vicinity. *Some Practitioners, however, are apt to look upon indolent tumours and abscesses as quite harmless, and advise that they be left to Nature.*" * Cases there are which must constitute exceptions to the practice recommended; such as are pointed out in the lectures and writings of most good modern Surgeons. From the case which I have given it may be deduced, that of the excessive irritation of large abscesses, the greater part ensues during a second stage of the suppurative process, which is instituted for the sole purpose of affording a natural

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* Edinburgh Medical Journal, January, 1824, p. 52.

opening. * It follows, then, that harm only can arise from any greater extent of suppuration than goes beyond the formation of the first small quantity of pus. The exact point of time when so much is accomplished is, therefore, the period marked for surgical interference.

Case 2d.—In March, 1823, I was consulted by a stout healthy man in this town (Cheltenham), on account of a large phlegmonous swelling seated on the top of the shoulder, which rendered every effort to raise the arm intolerable. He had observed the growth of this swelling about a week, and, in compliance with the prescription of a Physician, had taken pills seemingly of hemlock and calomel; † which, though they had no favourable effect upon the local affection, made his mouth sore, and caused his breath to stink, by way of addition to it. Cupping-glasses, leeches, poultices, purges, &c., were used with little relief. The swelling and constitutional irritation were so much increased, that he was delirious for the greater part of a day and night, which brought him to resolve that an opening should be made. I therefore made a very free opening into the swelling, really believing, from a peculiar softer feeling in one part, that some inconsiderable quantity of matter might be formed. None followed; but a great quantity of blood was effused. After the opening both the tension and pain were removed, and recurred no more; the swelling diminished rapidly.

Since this occurrence I have made incisions into phlegmonous swellings, whether advanced to the suppurative stage or not, and with the same success as in the above instance, save in one of a local swelling near the rectum, connected with constitutional derangement, and in that even with relief; but, as is said to occur often in such cases, it afterwards

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* I believe that this idea is conformable to the oral doctrines of Sir A. Cooper. As, when matter is first formed, pain appears to cease, as though Nature made a pause at that time, I take it that the first formation only is meant for a salutary process, and that a superextension is not, in the eye of sound reflection, otherwise essential than as stated. In fact, it is evident enough that a great deal of harm may be done by the formation and burrowing of matter under parts, which must needs, with much resistance, be forced up and stretched asunder; but it is not quite so clear what good can thence arise.

† So extraordinary are the virtues and sufficiency of this, and perhaps some other forms of mercury, and so wonderfully do they simplify the art of some Physicians and Apothecaries, that he who has attained to a full intimacy with their effects has no need of any other knowledge or remedy in the cure of diseases.

degenerated into a fistulous sinus. In another case of a repeated phlegmonous inflammation upon the surface of the abdomen, near to the umbilicus, an opening previous to the formation of matter did not prevent its subsequent generation.

If ulterior experience should confirm the above statements, it may be rendered probable that in some constitutions the tendency to resolution by the suppurative process is much greater than in others; — that, though a salutary mode of termination, according to nature, it is, notwithstanding, an alternative to which the constitution is, in some instances, more obliged than willing to have recourse, and not averse to relinquish when aid is received from art at an early period.

I not only doubt if suppuration be always demanded for the safe completing of the action in the part, but if it be really necessary to the subsequent kind healing of acute local inflammations.

I am of opinion that when an opening is made into an acute phlegmonous swelling before suppuration, and it heals directly afterwards, that the disposition to the suppuration is superseded by the adhesive inflammation. In the instances mentioned healing was rapid and kind.

Of the unhealing nature of abscesses which are permitted to *make openings for themselves by a protracted process,* I have daily proof in the number of applications which are made to myself on account of such local affections. Besides the burrowing under parts, and the injury done to bones — as, for example, when seated between the mastoid process and meatus auditorius externus, over the eyebrows, &c. — it is only by stimulating the languid cavities with injections, by pressure with leaf-lead, lint, &c., that they can be healed at last, after the greatest pains have been taken.

Of the violent irritation which accompanies the formation of matter in the second stage of deep-seated local inflammations, enough has been said. The displacement, tension of compact glandular parts and fascia, pressure on nerves and sensible parts, have also been taken into account. It would be wrong, however, to attribute all this mechanical violence to pus alone; for in the first stage, when pus is not as yet formed, the pain and irritation which ensue are very great.

Simple local determination to the parts and local congestion must contribute to these effects greatly; with the which the forcible dilatation and mutual compression of vessels not accommodated to receive the grosser parts of the blood must co-operate.

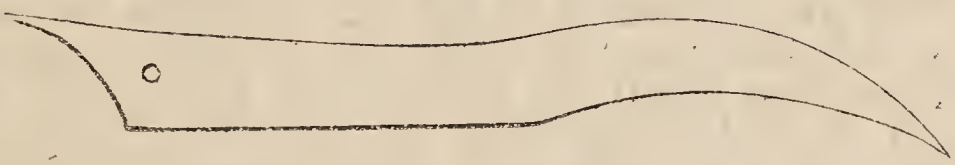
In the case of Mrs. G., the discharge of blood after a free opening far exceeded that of pus. It is probable, therefore, that *its* accumulation and congestion were principal in pro-

ducing the remarkable violence of that case. These ideas are applicable to explain the relief afforded in those cases in which free incisions were made previous to suppuration.

I do not know to what extent *great numbers* of leeches might be useful in acute local inflammations; but, according to the proportion in which they are used generally, they do not seem to open the vessels engaged in the local action when it lies deep.

Cheltenham, April 16th, 1824.

P.S. — For the purpose of opening abscesses, Mr. Liston uses an instrument, of which the subjoined is an outline, in preference to the lancet. In conformity to his practice, I have been in the habit of using it myself. It seems better suited to the form of abscesses than the lancet.



The blade is inclosed in a handle. The curved part only is edged.

IV.

On Laceration of the Perinæum. By Edward Th. Bond, Esq., Member of the Royal College of Surgeons, and Member of the Hunterian Society.

Amongst the many evils to which women are exposed by parturition, perhaps there is none which, without threatening life, solicits more deliberate attention than laceration of the perinæum. That less important degree of the accident, in which the division does not extend through more than half the perinæum, occurs, I think, more frequently than is commonly believed or acknowledged; and although I have been assured by more than one Practitioner of long standing and extensive practice that such an event has never happened under their care, yet, while I explicitly disavow a want of confidence in their veracity, my opinion of the fact remains unchanged. If the question related only to a laceration so complete as to deny the possibility of a mistake, I should at once admit their assertion to be accurate: but I am persuaded that the usual mode of inquiring into the condition of the perinæum after the birth of the child, by examination

with the finger, is open to considerable error; and, in confirmation of this opinion, I have it in my power to cite the following case which lately occurred under my own notice: — A woman, of about thirty years of age, was delivered of her first child with the forceps. She was attended by myself, in conjunction with an eminent Physician-Accoucheur and Lecturer; and on a tactual examination of the perinæum, after the birth of the infant, we both felt persuaded of its integrity: but at the end of three weeks, in consequence of a communication from the nurse, I requested an ocular inspection, and then discovered a division of the part extending through at least half its length. Indeed, the occurrence of such a mistake in those cases where the actual condition is not "*oculis subjecta fidelibus*" does by no means furnish matter of astonishment; for if we consider the state of the parts consequent upon a tedious first labour, and reflect that in most such cases the continuity is slightly destroyed at the fourchette, and that some perinæa are naturally longer than others, we must admit the facility with which such an one, although divided along some portion of its length, may resemble one of less original extent remaining entire: but while I believe that one mode of examination has more certainty than the other, I am, nevertheless, far from recommending it as a measure of general or frequent adoption; and consider it better to submit to the minor evil involved in the possibility of being occasionally deceived, rather than adopt indiscriminately a practice which, amongst the better classes more particularly, would be destructive of professional reputation. But it is not to these less severe degrees of the accident that I would be understood to limit my remarks, for I am of opinion that the more complete division, that in which the laceration of the part extends to the very verge of the anus, or even lays the two cavities into one, is of more frequent occurrence than the paucity of recorded cases, and perhaps the manner in which the subject is spoken of in lectures and in books, would lead an inexperienced Practitioner to imagine. I can myself draw out a list of six or seven such cases; with respect to which, although unable to speak "of my own knowledge," I may, nevertheless, be considered to possess such moral certainty as places their reality beyond dispute. One occurred under the care of a Practitioner in a populous market-town in the country, and was reported to me by another Practitioner, who was consulted after an interval of three weeks. This was a forceps case and a first labour, and the rent extended quite to the anus. A second happened in the practice of Dr. ———, and was reported to me by the attendant nurse, who was also engaged

about the person of the patient whose case I have recently mentioned as one of partial laceration; and it was during an examination of this latter case that she, the nurse, pointed out the anus itself as having formed the boundary of the injury in the one of which I am now speaking. This also was a forceps case and a first labour. A third took place under the superintendence of an eminent Practitioner of Oxford Street, and the woman from whom I have the report is herself the subject of it. It occurred on the *sudden* protrusion of the head in a rather tedious labour of a second child, after an interval of ten years from the birth of the first. She is a sensible woman, and assures me that the "tear" reaches "quite to the fundament." Of the fourth I am unable to say more than that I receive its history from a sensible woman (herself the mother of a family), whose friend is the subject of it, who has herself carefully inspected the parts, and assures me that the wound stops only at the fundament. A fifth, of which I shall speak farther presently, occurred lately, in a first labour, under my own care; and the histories of a sixth and seventh are to be found in one or two of the regular periodical journals, of a date about ten or twelve months earlier than the present.* Now, in such cases, I presume it is no longer a question respecting the propriety of attempting a reunion; for on this subject, whether we judge from inquiring into others' practice, or from the instructions given orally or in books, we shall find sufficient reason to warrant an assurance that the opinion of the Profession is decided. The directions which are given have all reference to this reunion as their object; but I think it will be evident, upon consideration, that the curative efforts to which Accoucheurs usually restrict themselves are very incompetent to the desired result. They are comprised in keeping the patient upon her side, binding her thighs together with a roller, using emollient applications, keeping the bowels gently open, and drawing off the water. This, which I believe is the common practice of the day, has the sanction of

* I regret that I cannot give this reference more particularly; but at the period these two reports fell under my notice six or seven of the then latest medical periodicals were in my house at the same time; and as I unfortunately took no minutes with respect to the journal or journals in which they were circulated, I am unable at this distance of time, in consequence of the publications themselves having passed from the bookseller's possession, to particularize farther than to express a belief that one or both papers were contained in one or other of the *Quarterlies*.

Dr. James Hamilton* and Dr. Conquest,† and of a writer who enjoyed at one time a very extensive circulation — I mean the author of the London Practice of Midwifery.‡ With the instructions given by those other lecturers whose directions are not recorded in print I do not profess myself acquainted; but Dr. Denman‖ may be almost considered as giving the sanction of his authority to a treatment even less efficient than that of which I speak; for his whole instructions on the subject are comprised, so far as I am aware, in the history of a case of incomplete laceration, in which "no particular examination was ever made during the cure, and

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* "When the perinæum gives way altogether it is a very awkward affair indeed, and never till of late years did I see a patient recover from it, *i. e.* the parts completely reunite. The patient must be kept upon her side, and her thighs firmly bound together with a roller. The urine must be drawn off three or four times a day, and the bowels be kept loose by means of gentle laxatives. Superficial dressings should be employed."—Dr. J. Hamilton. Lectures in MS.

† "If the laceration be trifling in its extent, approximation of the parts by binding the knees together, with poultices and cleanliness, will generally effect a cure; and if the mischief be more extensive, these are the only means which are admissible at the time of the accident." — Conquest's Outlines of Midwifery, 2d edit. p. 207.

‡ "In case of actual laceration of the perinæum, the first step is to open the bowels by a brisk purge. After the medicine has operated, the parts should be perfectly cleansed from all feculent matter, and then the thighs should be bandaged together, by which there is a probability of the parts uniting by the first intention; and in some cases this has succeeded. Should this fail, the only chance is not to allow the parts to heal except by uniting with each other. If considerable inflammation take place, it must be reduced by the use of fomentations and cataplasms, and of cooling laxative medicines; and if the pain be violent opiates may be given." — London Practice of Midwifery, pp. 279, 280.

‖ "Nor does the common laceration of the perinæum always commence at the frænum, but farther back, and then usually bears down before it all the anterior part. In a case of this kind which occurred in my own practice, I was sensible of this kind of laceration before the expulsion of the head, which I guided through the natural passage, supplying the want of the perinæum with my hand. On the following day there was violent inflammation of the parts, with suppression of urine. By the use of fomentations and cataplasms, cooling laxative medicines, and occasionally of opiates, the inflammation was soon abated. At the end of ten weeks the lacerated parts were healed. No particular examination was ever made during the cure, and none but superficial dressings employed."—Denman's Outlines of Midwifery, sixth edition, p. 32. p. 57, 62-2 Ed.

none but superficial dressings employed." Now, if it be desirable that the parts reunite at all, it is, I apprehend, devoutly to be wished that their reunion be effected by what is called the first intention; and if it be true that this can only take place between surfaces which are kept in apposition, it will follow that all treatment not ensuring this necessary condition of the wound will be nugatory. Our management of the case is therefore good or bad in proportion as it does, or does not retain the divided surfaces in contact; and if we take this with us as a principle of treatment, we may, I think, assure ourselves that the practice I have described is certainly not the best, inasmuch as it is manifestly inadequate to maintain the parts in the necessary approximation. In two cases of partial laceration which I have fortunately had opportunities of examining, I have invariably found either the whole of the divided surfaces displaced by a considerable projection of one or other lip of the wound, or otherwise the edges of the sound skin so turned in and fitting together as to present a deceptive appearance of actual contact in the wound itself, while, in fact, the lacerated surfaces have been at the time so mutually shrunk from each other as to interpose a considerable space between the two. In the case of complete laceration which occurred under my own care, I took much pains to ascertain the fact. I adjusted the parts, bound the thighs firmly together, and left the patient on her side. In two hours the lower lip of the wound was projecting nearly the third of an inch beyond the upper one. I replaced the parts, again adjusted the thighs, and reapplied the bandage round them. In two hours I found the parts displaced as much as at first; and after the renewal of every care, the same appearances were again present at the end of another two hours. Indeed, I am persuaded that the alteration of position in the edges of the wound is not so much occasioned by those motions against which such methods of bandaging is usually considered a sufficient security, as by others over which it has not, nor can have, any control: and I feel assured that gentlemen who have had such cases under their care, and have attended narrowly to their appearances and progress, will confirm my opinion that displacement of the lacerated parts occurs, and is more likely to occur, in the bending or laying straight the thighs with regard to the body, rather than in gradually and moderately moving them a little apart from each other. In the case to which I have referred but now, and in which I had daily opportunities of ocular examination for some time, I was careful again and again to notice the effects produced upon the perinæum by cautious separation of the thighs, and I

never observed it occasion the least strain upon the edges of the wound.

Since writing the above I have seen a case remarkably corroborative of my observations, with respect to the position on the side being inadequate of itself to maintain the divided surfaces in contact, and with regard to the laceration taking place occasionally without any consciousness of the accident on the part of the Practitioner. The patient had been attended through a tedious first labour by Mr. ——; and on a subsequent visit of my own, the peculiar smell which pervaded the room gave me a suspicion of what had happened. On inquiry, she complained of pain and smarting in making water, of great soreness, and of a something which appeared to her to "hang down." As she objected to any inspection, I could only for the first few days direct her to keep upon her side with the knees together, to bathe the parts with milk and water, and afterwards to lubricate them with lard. At length, however, she submitted to an examination, and I found the perinæum lacerated nearly to the anus, with the left lip of the wound turned in so as to present a surface of sound skin towards the opposite lip, leaving it in a great measure unsupported, and thus communicating to the patient's feelings an idea that it was "hanging down." When I mentioned the subject to the gentleman who had attended her, he assured me that no degree of the accident, how slight soever, had ever occurred under his care; and appeared quite astonished when I informed him of the circumstances of the present case, of which, he assured me, he had previously no suspicion.

I can scarcely solicit the attention of Accoucheurs to a more efficient practice, without a second reference to the two histories published in the Medical Journals, in which the treatment there recorded, and such as it is the object of this paper to recommend, is spoken of as a something unusual; and is subsequently noticed by the editors of a cotemporary periodical as "an improvement in modern surgery." But the truth of the matter is in direct illustration of the remark of Dr. Johnson—that "men require not so much to be informed as to be reminded;" for instead of *sutures* in such cases being an innovation of recent establishment, it is upon record not only that such was the practice enjoined at a very remote period, but that we derive it also from very sufficient authority of a nearer date. In proof of this, it is only necessary that I refer, amongst others, to the works of Ambrose Parè,*

* "Quid si extractionis ab utero violentia, quod contingere posse veteres prodiderunt, matris genitalia laniata sint, adeo ut duo ani et

Mauriceau,* Smellie,† and Burns,‡ to whose names if I limit myself, it is only because these are not days in which—

"Sans Aristote
La raison ne voit goute, et le bon sens radote."

Mr. Burns, it is true, more particularly recommends their application in those cases where reunion has already been attempted ineffectually; but it would be easy to adduce many reasons why it is advisable not to postpone them to less efficient measures, but to employ them without delay. Amongst these, not the least important will be the condition of the divided parts themselves, in which any means that secure their accurate contact will have much greater probability of success if employed when the lacerated surfaces are, from their recent state, prepared to take on the necessary action, rather than when a lapse of time shall have indisposed them to the process. Nor must the state of the patient's mind be forgotten; to whom it will be one thing to allow the use of sutures while, from the newness of the accident, she has a due sense of its importance, and is prepared to listen to the hopes we can fairly hold out of their success; and another to submit to them, when a fruitless confinement to one posture, with all its inconveniences, shall have rendered her fretful and discontented, and have excited distrust with regard to the result of whatever ulterior measure may be proposed. I may, perhaps, be referred to the case mentioned

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vulvæ foramina in unum coierint, tum perinæi quod laniatum est, sutura sarciendum venit, vulnusque de cætero arte tractandum."—Opera Ambrosei Parei, p. 698, folio, A.D. 1582.

* "Sometimes it happens by an unlucky and deplorable accident that the perinæum is rent, so that the privity and fundament is all in one. Let it be strongly stitched together with three or four stitches or more, according to the length of the separation, and taking at each stitch good hold of the flesh, so that it may not break out."—Mauriceau's Midwifery, translated by Hugh Chamberlen, M.D.

† "The os externum is frequently torn, particularly at the perinæum, and sometimes the laceration reaches to the anus. The disagreeable rubbing of the lips of the wound upon each other is (according to some writers) prevented by making two deep stitches that will keep the lips together; but in this case we can seldom cure by the first intention, on account of the lochia and urine that insinuate themselves into the wound."—Smellie's Midwifery, second edit. p. 392.

‡ "In many cases the laceration does not extend farther back than to the anus, nor even so far. This is a very simple accident, and requires no other management than attention to rest and cleanliness. Sutures have been also employed, and ought certainly to be had recourse to if reunion cannot be otherwise effected."—Burns's Midwifery, second edition, p. 55.

by Dr. Denman, in which, though sutures were not used, the parts were reunited and healed in the course of ten weeks: but this case is, in fact, strikingly illustrative of their utility, not to say necessity; for that anterior portion of the perinæum which was left entire would have all the effect of a suture upon the divided portion, in preventing the lips of the wound from riding on each other, and in maintaining the lacerated surfaces in apposition. For my own part, while I am ignorant that they can produce any injurious result when properly applied, and with evidence before me that they are competent to entail a permanent position of parts such as I consider unattainable by any other means, I profess myself unable to discern any obstacle to their application at the time of the accident. It is true that in one instance, as we shall see, inflammation followed upon their use, but of this we have a *causa notissima* in the bruised and lacerated condition of the parts; so that to refer it to the application of sutures for no other reason than that it appeared subsequently to their insertion, would be an instance of that "conjoining of events unto causes of no connexion," which has long been deprecated as so fertile a source of error. Believing it incumbent upon the Practitioner to neglect no means of procuring reunion where the laceration is complete, I think that in speaking of sutures with a decided preference I am reminding him of a practice more likely than any other to be successful: but I should be sorry if I were understood to press their application in all instances, whatever their magnitude or severity; for I am aware that those more frequent examples of laceration, in which only a portion of the perinæum is involved, are chiefly of such limited extent, that the healing *without reunion* will scarcely expose the patient to any more serious evil than simple enlargement of the orificium vaginæ, with perhaps a less perfect command, in consequence, over the meatus urinarius. To all such it will be enough if we direct the occasional use of a little lard or mild ointment; but it would be inexcusable to limit our treatment to these *petits soins* in cases like the following:—

Mrs. ——, aged thirty-two, a delicate woman, of irritable habit, was taken in labour of her first child at half-past two on the morning of the 15th of January. At three o'clock the pains were severe, and the os uteri dilating under their influence. The vagina was so extremely small as to oppose even the introduction of the finger; and I found, upon subsequent inquiry, that even conjugal intercourse had been invariably "quite torture" through the whole nine months of her married life. Notwithstanding this, the head began rapidly to descend as soon as the os uteri had become sufficiently open;

the pains became very unusually acute and forcing, and the whole labour was completed before five o'clock. In the interval between two pains the scalp was left protruded between the labia, so as to keep the fourchette upon the stretch; and the next pain extruded the head entirely, tearing down the whole perinæum from the fourchette to the anus. Apprehensive of such an accident from the unusual smallness of the parts, I was assiduous in my endeavours to prevent it; but I need not describe my feelings as I felt the perinæum giving way under my hand during the pain, while all my care was ineffectual to arrest the progress of the laceration. The placenta followed the child immediately. On examining the wound, a separation of its lacerated lips was followed by so profuse a hæmorrhage as to excite great alarm, but it was at once checked by the introduction between them of linen soaked in cold water. I have spoken in a former part of this paper of the position in which the patient was left for the first few hours. At the end of this time, satisfied that only sutures could retain the parts *in situ*, I applied three at proper distances, observing not to draw them more tight than was just necessary to maintain the lips of the wound in apposition, yet endeavouring to secure such hold with each that not only the external edges but the whole of the divided surfaces should be in contact; but in consequence of the looser nature of the integuments close to the anus, the ligature applied in that situation was unavoidably less effectual than either of the other two. On the second day there appeared very severe inflammation and swelling of the parts, producing superficial sloughing of the lower part of the vagina and lips of the vulva. Cold lotions were applied locally, the urine was drawn away twice daily, the bowels were kept open by cooling laxatives, and salines and opiates were administered according to symptoms. The patient was allowed to rest either upon her side or back, moving from one position to the other with great care. I had applied one suture a small distance from the fourchette, with the intention of interposing lint between the lips of the wound in front of it, so that the opening of the vagina might be left somewhat larger than its original size, a second next the anus, and a third between the two. As soon as I considered them of no farther service I removed them. Reunion had taken place along the whole wound, if we except the small portion in front of the ligature nearest the fourchette, and another portion next the anus, in which situation there remained an opening large enough to admit the point of the little finger. It communicated with the vagina, and was therefore, under existing circumstances, rather a source of

gratification than of disappointment, for I was aware that it would fill up in no long time by granulation, and it afforded at present a ready exit for the pus secreted from the interior sloughy surface. After this the patient lay chiefly upon her back; the discharges all passed by this opening, which, however, gradually filled up as their quantity lessened. The vagina was injected with warm water twice daily until the sloughy appearance was no longer visible, and afterwards lint was introduced so as to prevent adhesion between its sides. In short, the whole was entirely healed, and my attendance ceased in less than three weeks from the day of her delivery.*

Stoke Newington, July 1st, 1824.

V.

Remarks on Gonorrhœa, with Cases. By James King, Esq., Surgeon, Hamilton, N. B.

The treatment of this disease has of late years undergone a very great and favourable change; and astringent and other injections, which formerly, in the practice of the most eminent Practitioners, were the "*sine qua non*," are now almost altogether laid aside: and even copaiba and cubebs, which were lately prescribed by many in every case and in all stages of the complaint, are now used with more caution and greater discrimination; as experience has shewn that their indiscriminate use is often attended with troublesome consequences. Though they possess no specific influence over this complaint, and do not deserve the high encomiums bestowed on them by those who have placed implicit confidence in their efficacy, it must still be admitted that they are often of great service in the latter stage of the complaint, when the inflammatory symptoms are either entirely gone or have assumed a chronic form.

The method of cure which forms the subject of this paper, I have uniformly found, at least, more successful than any other; and as I have had frequent opportunities of giving it a trial, I have been induced to lay the following remarks before the readers of the Repository:—

That gonorrhœa is an inflammatory disease is admitted

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* July 10th.—This morning, that is, more than a week after my paper had passed into the publishers' hands, the Repository for June reached me. It is scarcely necessary to add, that if I had seen it sooner I should have noticed the very satisfactory case which Mr. Churchill has therein recorded.

by all, and as such, I have treated it by means employed in all other inflammatory complaints — by bleeding, purging, strict attention to the antiphlogistic regimen, cleanliness, and local applications which are considered serviceable in lowering increased action. It may be said, however, that though this is an inflammatory disease, as it is of a specific nature, produced by a specific virus, and thus essentially different from all other inflammations, it might be considered to require a very different mode of cure. Without attempting to reason on this subject, however, which might admit of much discussion, I will briefly give the practical results I have collected, which are the best evidence in such cases.

In the first stage, when the symptoms evidently denote inflammatory action, I detracted blood freely from a large orifice, and repeated that operation if the severity of the symptoms demanded it. Immediately after the venesection, a full dose of some cathartic medicine (generally Epsom salts, or calomel and jalap) was prescribed, and repeated at short intervals, so as to produce frequent copious alvine evacuations. Great attention to cleanliness was enjoined; and to allay the increased action a local application, consisting of acetate of lead, vinegar, and water, was kept constantly applied, and the testicles supported by a suspensory bandage; while the patient was directed to adhere strictly to the antiphlogistic regimen. In this manner I have treated sixteen cases within the last two years; and my uniform success would have induced me thus to treat every case that came under my care, but many of my patients would not submit to this treatment, conceiving it too severe for the nature of the complaint, as they had formerly been cured by much milder means. In all the cases I found the cure more rapid, and never followed by any of those troublesome consequences which often make their appearance when this disease is treated in the usual way — such as swelled testicle, gleet, and stricture. The sooner this treatment is commenced after the appearance of the complaint, the more decided the benefit; and it must also be admitted, if such treatment is not adopted till the inflammatory symptoms have either nearly disappeared or assumed a chronic form, little benefit is to be expected from it. It is only in the first stage of this complaint, as well as other inflammations, that a free use of the lancet, together with the means above-mentioned, will check the progress of the complaint, and effect a speedy cure.

Of the sixteen cases treated in this manner, two were completely cured on the sixth day of the complaint; two on the seventh; one on the eighth; four on the ninth; five on the twelfth; and two were troubled with the disease for nearly a

month, owing to a gleety discharge supervening after the abatement of the symptoms of the acute stage. To remove this I prescribed small doses of cubebs pepper without benefit; and at last succeeded by introducing a bougie daily for a few days, which probably operated beneficially by giving tone, and stimulating to healthy action the weakened vessels of the urethra. In no other of the cases did a gleet ever supervene; and in no case did chordee make its appearance after bleeding; and as this symptom is supposed to be owing to the inflammation being violent, and going more deeply than the membranous lining, and affecting the reticular membrane of the urethra, and producing in it an extravasation of coagulable lymph, its absence can only be attributed to the increased action being prevented or abated by the free bleeding.

The colour and consistence of the discharge is now very properly attributed to the severity of the inflammation, and not to the virulence of the specific virus, as was once supposed. I have observed, when the discharge was of a yellowish, or of a white colour and thick consistence, that this treatment was most successful; while, on the other hand, when the discharge was thinner and of the colour of whey, the cure was more protracted; and if, together with this, the disease was of some days' standing previous to the abstraction of blood, that it was little benefitted by the treatment I am now recommending.

The quantity of blood lost during the cure was greater or less according to the severity of the symptoms and the constitutional strength of the patients; but in no case was more than forty-five ounces abstracted in the whole; and as my first bleeding was generally copious, none were blooded oftener than thrice, and in the greater number of the cases only once. The blood was found sizy and cupped in two cases only, and in both there was considerable constitutional irritation: in the one the testicles were much swollen when I first saw him, and in the other there was great pain in the region of the bladder, accompanied with retention of urine. Bleeding to syncope in both cases, together with the warm bath in the latter, was productive of immediate relief and a speedy cure.

All the cases are inserted in my journal, and I could give an account of the daily progress in each; but as such a detail would occupy too great a portion of your useful pages, I will merely give the outlines of three cases: two of which are examples of a favourable and speedy cure, and the third the most protracted of the whole.

Case 1st.—November 24th, 1822. W. T., a stout young

man of a plethoric habit of body, noticed, for the first time, this morning a discharge from the urethra, accompanied with ardor urinæ and pain in the course of the passage. The glans penis was slightly inflamed and swollen; the discharge copious, of a high cream colour, and of the consistence of healthy pus. I took from the arm thirty-five ounces of blood, gave him a dose of Epsom salts, and the lotion of acetate of lead as above mentioned, directing him to keep it constantly applied, and to pay the greatest attention to cleanliness, and adhere strictly to the antiphlogistic regimen.

25th.—The discharge is much the same; but he has had neither ardor urinæ nor the slightest pain since he was blooded; the swelling and redness of the glans are less; physic operated well.

Rept. Sulphat. Magnes. ℥jss. Contin. lotio.

26th.—The discharge not abated, but thinner and of a paler colour; still no pain or scalding; swelling and redness of glans quite gone.

Contin. lotio.

27th.—The discharge less, and its colour paler than yesterday; has not the slightest pain.

Contin. lotio.

℞ Pulv. Jalapæ, gr. xij.
Hyd. Submuriat. gr. vj. M.
Ft. mass. et divide in pil. iij. q. p. sumend.

28th.—The discharge is very trifling; medicine operated freely.

Contin. lotio.

December 1st.—The running is quite gone; and even on pressing his finger forwards on the course of the urethra, no discharge can be seen at the meatus urinarius.

2d.—To-day gave up the use of the lotion, and returned to his employment.

It may be proper to mention, that he had this complaint in October, 1821, which troubled him for nearly three months.

Case 2d.—December 6th, 1823. David Lewis, of a healthy constitution, but spare habit of body, observed on Thursday (4th) a discharge from the urethra. To-day the discharge is free, of a cream colour and thick consistence, accompanied with slight pain and scalding on making water. Gave him a dose of Epsom salts and the lotion used in the former case, with similar directions; and I would have blooded him immediately, but he was averse to the operation, as he had often been cured of this complaint without its performance.

7th.—Is worse this morning; discharge nearly the same,

but the pain and scalding are much greater; has been troubled with chordee during the night.

Contin. lotio.

℞ Pulv. Jalapæ, gr. xij.
Hyd. Submuriat. gr. v. M.
Ft. mass. et divide in pil. iij. q. p. sumend.

As his complaint was evidently worse this morning, he submitted to be blooded, and I accordingly took from the arm thirty ounces.

8th.—Is better since the bleeding; pain and scalding now but slightly felt; no return of chordee; physic has operated well; no alteration in the colour or quantity of the discharge. As he had felt great relief from the bleeding, and requested me to repeat the operation, I loosened the bandage, and took from the same orifice ten ounces of blood.

Rept. Sulph. Magnesiæ, ℥j.

9th.—Is now greatly better; the pain and scalding are entirely gone, and the discharge is less.

10th.—Continues better; no return of pain; and the discharge is now of a pale colour and diminishing.

Rept. Pil. Calomel. ut supra.

13th.—Has had no medicine since the 11th, and to-day has left off the use of the lotion, as the running has entirely disappeared.

Case 3d.—J. A., labourer, aged twenty-two, first observed a discharge from the urethra on the 21st of January, 1823; but being at a distance from home, did not apply for medical advice, or take any medicine till his return on the 25th. At that time (when I first saw him) the discharge was very copious, resembling whey in colour, and much thinner than in either of the above cases; he complained of great pain and scalding in voiding his urine, and of frequent attacks of chordee when in bed. I enjoined the same attention to cleanliness, the antiphlogistic regimen, and the other circumstances, as mentioned in the former cases; and also directed the lotion of the acetate of lead to be kept regularly applied.

V.S.B. ℥xxiv. ℞ Sul. Magnes. ℥jss.

January 26th.—Has less pain and scalding to-day, and has had no return of the chordee during the night; no alteration in the state of the discharge.

Contin. omnia.

27th.—The pain and scalding, though less, still continue; in other respects same as yesterday.

V.S.B. ℥xij.

29th.—The pain is entirely gone; but the discharge continues.

℞ Pulv. Jalapæ, gr. x.
Hyd. Submuriat. gr. v. M.
Ft. pulv. q. p. sumend.

February 2d.—Has no pain or uneasiness; but the gleety discharge continues.

℞ Pulv. Pip. Cubeb. ʒss.
Ft. pulv. tres indies sumend.

14th.—The powders of cubebs have been regularly continued as prescribed on the 2d, but without producing much benefit, as the discharge is very little diminished. The lotion has been constantly used, with occasional purgatives, and the strictest attention to cleanliness observed.

The use of the cubebs was continued till the 18th, when, from their producing no decided benefit, they were discontinued, and a common-sized bougie employed and introduced daily till the 26th, when the discharge entirely disappeared.

VI.

Case of Spina Bifida, with the Appearances on Dissection. By W. M. Barron, Esq., Member of the Royal College of Surgeons.

The subject of this case, a male child, was born the 27th January, 1824, with a flaccid tumour situated upon the lumbar vertebræ, the integument of which was thin and, in the centre, ulcerated. The next day the tumour was distended, transparent, and about half the size of a walnut: it continued gradually to increase; and when the child was at the age of three weeks, it was seen by Sir Astley Cooper, who advised its being punctured. This was done on the 29th February with a fine needle; and about three ounces of limpid fluid were drawn off, and a truss applied, for the purpose of making pressure on the part.

March 2d.—Tumour had gained its original size very soon after being punctured, therefore the truss had been removed. The child takes the breast well, and increases rapidly in flesh.

4th.—Tumour was punctured, but not completely emptied, the child crying during the evacuation of the fluid.

8th.—There had been some drowsiness after the last puncturing of the tumour; but at present it is quite gone off, nor does the health of the child appear at all affected.

About three ounces of fluid were removed without completely emptying the swelling.

12th. — Considerable irritation has come on since the 8th. Bowels much disordered, and the child will not take the breast. Tumour much enlarged, and the integument over it highly inflamed. Some rhubarb and calomel were administered.

14th. — Irritation more considerable; tumour very much distended, and inflammation more extended; bowels still disordered. Rhubarb and calomel repeated.

16th. — Irritation less; inflammation diminished; tumour not nearly so distended. The child takes the breast.

21st. — The child being now quite well again, and the tumour much enlarged, the puncturing was repeated; but instead of a needle, a very small trocar was made use of, and the tumour completely emptied. A compress of lint was applied over the opening into the spinal canal, and bound firmly down by a roller. The child cried for some time after the operation.

26th. — Puncture repeated with the same instrument, which answered, in both instances, the expectations conceived of it. The child was well; the tumour had filled (after the last puncture) in so short a time (two hours), that the roller had been removed and was not reapplied. From this time nothing more was done. The child was healthy, increased in size and strength, but the tumour continued gradually to enlarge, and had gained the size of a moderate orange before death, which took place on the 2d May: for two days previously the child suffered from symptoms of pressure of the brain.

Dissection. — Forty-eight hours after death the child was inspected in the presence of my friends Dr. Burne and Mr. Waterworth. Having removed the upper part of the cranium and dura mater, we found the surface of the brain remarkably free from blood and flaccid, and some watery effusion between the dura mater and tunica arachnoides. The hemispheres being taken away, the medullary substance presented a pinkish appearance, giving the idea of its having been painted. The lateral ventricles were much enlarged and distended with water.* The plexus choroides was pale, and the remaining parts of the brain distinctly characterized.

The cavity of the cranium freely communicated with that of the tumour; this was evident from pressure on the latter propelling the fluid into the former; and on laying open the spinal canal, the dura mater was seen to envelope the medulla

* Each contained about an ounce.

spinalis but loosely. The opening was situated in the third lumbar vertebra, the spinous process of which was wanting; here the spinal canal terminated, the remaining lumbar vertebræ and os sacrum being impervious. The cauda equina passed through the unnatural opening and ramified on the dura mater, forming the sac of the tumour where it terminated. The fluid collected from the cranium and tumour was in all about five ounces.

Remarks. — Since the publication of Sir Astley Cooper's * case of spina bifida cured by puncture, I believe the attempts for a like result have not been infrequent, but how far fortunate I have no means of judging (not finding any cases on record).† The present case, in the first instance, appeared very favourable for a cure; the head not being large, the child healthy, and the legs, although not put frequently in action, could be used; but the opening into the spinal canal appearing large, seemed to be the most unfavourable symptom: dissection, however, proved this to be deceptive, and, on the contrary, small (for it was only large enough to admit the cauda equina); but the two last vertebræ being curved forward more suddenly than is natural, and the one in which the opening was situated being not at all curved, gave it that deceptive appearance. These circumstances, together with the child being little affected by the evacuation of the fluid, led me to hope for a happy result; but finding the tumour gain its original size in so short a time (two hours), that hope I afterwards abandoned; and I should be induced to think (as I did in this instance), that when the fluid is effused so quickly and in so large a quantity, our hopes of cure must be very slight, as it necessarily shews a large extent of surface from which the secretion takes place.

The inflammation produced from the third puncture might have justified me in not attempting any thing farther; but as the whole of the fluid had not been evacuated the two latter times, I thought of procuring the small trocar‡ which was found by Mr. Waterworth and myself, to effect its purpose most completely without any bad symptoms following its use. I therefore would recommend a trial of it in similar cases, and in such ganglia and tumours which require to be evacuated

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* Medico-Chirurgical Transactions, Vol. II.

† Since the above was written, I find that M. Ollivier, in his work "De la Moelle Epinière et de ses Maladies," observes, that the result of spina bifida is generally unsuccessful.

‡ The trocar which was employed was much smaller than the smallest generally made. It may be seen at Mr. Smith's, St. Saviour's Churchyard.

through a small aperture. The termination of the cauda equina on the inner surface of the sac does not appear to be a common occurrence. This circumstance put the idea of the possibility of a cure entirely aside. It is remarkable that the child should have suffered so little from the operations, crying during the evacuation of the fluid; and drowsiness afterwards being the only inconveniences produced by them.

New Kent Road, June, 1824.

VII.

Case of Hæmorrhage into the Urinary Bladder, proceeding from Fungoid Tumours of the Prostate Gland, and requiring the Performance of the High Operation for the Removal of the Coagula. By A. Copland Hutchison, Esq., Surgeon Extraordinary to his Royal Highness the Duke of Clarence, Surgeon to the Westminster General Dispensary, and to the Royal Metropolitan Infirmary for Children, and late Surgeon to the Royal Naval Hospital at Deal.

S. W., Esq., aged seventy-three, had been my patient, during a period of between eight and nine years, for an affection of the bladder, under which he had laboured about twelve years previously to his consulting me. The disease, from the first, appeared to be seated in the prostate gland; and whatever may have been the gentleman's habits in very early life, he had to my knowledge, for the period I attended him, been most temperate in his mode of living; and, by those of his friends who have known him thrice that period, the same testimony is borne to this fact.

Mr. W. had very frequent desire to void urine, although the bladder at such periods might not contain more than one or two ounces; and the irritation was sometimes so great, that ischuria or complete suppression was the consequence, as I have had occasion several times to introduce a catheter. His bowels were naturally constipated, and required the frequent aid of medicine; but in all other respects he enjoyed a good share of health and spirits, considering his age. The practice pursued during the first six years of my attendance was that which is usual under such circumstances; namely, warm baths — emollient enemata — opium, in the shape of pulv. Doveri — the potassæ nitras cum gum. acaciæ — uva ursi, or alkaline remedies: these were all alternately had recourse to with advantage.

About the end of the year 1821 his disease became less easily controlled; and about this time, too, his urine was occa-

sionally tinged with blood; which circumstance, combined with a pain he had in the loins and down the fore part of the thighs, as well as an irritation of the glans penis, led me attentively to examine the bladder with a sound; but no calculus could be discovered. I have also, at his own request, within the last two years, several times introduced this instrument; for, notwithstanding my reiterated assurance that there was no stone in the bladder, and that the disease was confined to the prostate gland, the impression was strong on his own mind that there certainly must be a calculus.

A lithic deposit from the urine, which at one time was considerable, having entirely disappeared with the return of a more regular state of bowels, and considering the occasional bloody state of the urine, he was now prescribed the tinctura ferri muriatis, which certainly removed this appearance as frequently as it recurred; and so sensible was the patient of the utility of this remedy on such occasions, that he never afterwards travelled any distance without being provided with it.

He complained also of a sense of weight or fulness about the hollow of the sacrum; and on examining the prostate *per anum,* it was found considerably enlarged — so much so, as occasionally to prevent the free passage of fæces through the rectum. He could not now walk more than a mile or a mile and half without suffering from the consequences afterwards. He could ride in an easy carriage on a good road for fifty miles without much inconvenience; but such was not the case over the stones of London, for they always occasioned him great pain.

We now come to the more interesting part of this case; and deeply interesting it was to me personally, for the subject of it was a very valued friend.

It is to be understood that for years past he was under the necessity of voiding his urine from three to six times during each night; and on the 26th February last, at two o'clock in the morning, he was seized with a suppression of it, which he ascribed to his having taken too long a walk a few days previously; but, although in great pain through the remainder of the night, he would not disturb the servants until their usual time of moving.

A Surgeon in the neighbourhood introduced a catheter, and, on my visiting the patient about ten o'clock, stated, that, an hour or two before, he had drawn off about a pint of urine; but on examining the patient at this time the bladder seemed considerably distended, and he appeared to be in a good deal of pain; but all our efforts to introduce the catheter now proved fruitless. Leeches were applied to the

perinæum; the hip bath was used every two or three hours; ol. ricini and enemas were had recourse to; he was bled at the arm; and, in the evening, Dr. Walshman and Sir Astley Cooper were summoned to our assistance. Sir Astley, however, did not arrive until the next morning early, two hours after I had succeeded in introducing the instrument and emptying the bladder of upwards of a quart of dark-coloured urine, with several clots of blood floating in it. The patient was kept quiet in bed, and the instrument retained in the bladder until next day, when it was removed and replaced by one of elastic gum.

Every bad symptom had now abated — he felt easy — his mind was tranquil, and he expressed a wish to go down stairs, which he did for some hours, and felt very little inconvenience from the exertion. At the end of two days he complained of the irritation the residence of the instrument in the bladder occasioned, and entreated that it might be removed, which was complied with.

As I slept in the house, the instrument was passed as frequently as it was necessary, without the pain and anxiety of any delay; and my absences in the day did not exceed from three to four hours. His bowels were kept soluble and his skin permeable by proper medicines, and he had occasionally recourse to the hip bath. It is necessary here to mention, also, that his urine was perfectly clear and free from any appearance of blood since the second day of this attack.

At one o'clock in the morning of the 2d March I introduced a catheter with the same facility as I had been accustomed to do during the last few days, and drew off half a pint of perfectly clear urine. I left him comfortable and free from pain. A quarter of an hour had hardly elapsed when I received a sudden summons to attend him. He was then suffering greater pain than ever from distension of the bladder, although it had been emptied so shortly before: it was quite evident, therefore, that this must have been occasioned by internal hæmorrhage, which was confirmed by the introduction of the catheter; and, as he had not lately complained of pain in the loins, we did not suspect the kidneys to be the source of it.

I now endeavoured, by injecting warm water and by the frequent introduction of the wire of the catheter, to break down the coagulated blood, but to no purpose.

In this embarrassing situation, I proposed to Sir Astley Cooper, who was sent for, to cut into the bladder from above the pubes — the diseased and enlarged state of the prostate gland alike precluding the operation being performed either through the perinæum or rectum. This proposal was acceded

to, as the only chance left of prolonging the life of our patient.

In the presence of that gentleman, therefore, I made an incision into the bladder of between two and three inches, cutting between the pyramidal muscles, as in the high operation for the stone, and, with a table-spoon, scooped out upwards of a pint of coagulated blood, there not being more than a very few ounces of urine likewise contained. The operation was not performed until upwards of twelve hours subsequent to the hæmorrhage. On examining the interior of the bladder with our fingers, we discovered two fungoid tumours projecting into this viscus from the prostate gland; and from which tumours, we conclude, the hæmorrhage must have proceeded, for the bladder in every other part seemed perfectly healthy. The entrance of the urethra was situated between the two tumours; the left being about the size of a hen's egg, and the other that of a large walnut.

A syphon was now made of a leaden catheter, one end of which was introduced into the bladder by the wound, and a calf's bladder was made fast to the other, as a reservoir for the urine. The head and shoulders of the patient being raised by pillows, an opiate administered, and the instrument properly secured, we left him in a comparatively easy and comfortable state, and the syphon performing its office efficiently.

During the first three days after the operation no case could proceed more favourably; the bowels were naturally open; there existed no tension of the abdomen; the wound looked healthy; the patient's spirits and relish for food were tolerably good; and, upon the whole, the general aspect of the case was favourable.

On the fourth day, however, from the operation, a great change took place: his spirits became depressed; he declined all kind of sustenance; his looks were sunken; his pulse was feeble, and a want of action in the wound was but too apparent; and, notwithstanding every effort to save him, he continued to sink gradually until the 7th March, being the sixth day after the operation, when he died—in full possession of his mental faculties up to the latest period.

I lament to say that permission to inspect the body was not obtained.

I have related the particulars of this case at some length, as it is the first of the kind that ever came under my observation, and only the second which Sir Astley Cooper had seen.

Spring Gardens, 4th July, 1824.

PART II.

ANALYTICAL REVIEW.

I.

A Practical Treatise on Diseases of the Skin; comprehending an Account of such Facts as have been recorded on these Subjects, with original Observations. The whole arranged with a view to illustrate the Constitutional Causes of these Diseases, as well as their Local Characters. By SAMUEL PLUMBE, Member of the Royal College of Surgeons, of the Medico-Chirurgical Society, &c. 8vo. Pp. xx. 392. London, 1824.

MR. PLUMBE introduces his work to the attention of Practitioners with some remarks on the anatomy and physiology of the skin. These we shall not stop to notice, but proceed to the review of his observations on some of the more important disorders of this texture. We should, however, premise that the arrangement which he has adopted is much less artificial and much more simple than that introduced by Dr. Willan. This alone is an important point: for diseases which were undoubtedly the same were divided and subdivided into genera and species by this writer and his pupil, until they themselves had to resort to microscopic aid in order to be able to assign its precise term to any particular disorder of the skin. Varieties of one disease, arising from peculiarity of habit, constitution, and from previous treatment — nay, even different stages of the same disorder — were multiplied into distinct species, as if the recognition of slight and evanescent shades of difference alone constituted a medical philosopher, without a reference to causes and modifying influences; and as if it did not as much become the pathological inquirer to observe relations and connexions between sequent phenomena, and between such as are coexistent, as to point out circumstances really constituting contrariety. We believe that the consequences, to both the student and the Practitioner, of this dilettanti — this pedantic, division of disorders that are essentially the same, have been a too general neglect of them — a dislike to inquire

into what appeared so complicated and so difficult, and a general preference of empirical views and modes of cure whenever they came under treatment.

Without giving any decided opinion as to the merits of the classification adopted by Mr. Plumbe, we may shortly state, that it is founded on a stricter reference to pathology, and to the relations subsisting between cutaneous diseases and the condition of the system at large, than that of some of his predecessors. He has also properly assigned several of the modifications which a particular disorder assumes, and which Dr. Willan erected into distinct species, their proper rank as varieties only and stages of a single affection. This attempt at simplifying what was before presented to the student and young Practitioner in so complicated and artificial a form, as to deter the indolent and indiscriminating from bestowing on it that portion of study which it required and deserved, will, we conceive, be productive of some advantage to both.

Without giving at once in detail what will appear in the sequel, we may remark, that the classification before us is founded upon "the local peculiarities of the skin," and upon the states of the constitution, on which this class of disorders is so very frequently dependent.

Section I. *On Diseases which obtain their distinguishing Characteristics from Local Peculiarities of the Skin.* — By "local peculiarities," Mr. Plumbe evidently means the nature of the different textures composing the integuments. Under this section he embraces *Acne simplex, punctata, indurata,* and *rosacea; Sycosis; Porrigo scutulata, furfurans,* and *lupinosa.* With reference to *Acne*, he considers very justly that the necessity of dividing this affection into four species is very questionable, "when it is considered that the circumstances on which the division is founded are, for the most part, unimportant and accidental, and in a great measure produced entirely by the ordinary progress of inflammation, and the degree of activity or the reverse, which such inflammation may assume."

"It essentially consists," he proceeds, "in its original form of simple obstruction to the free passage of the sebaceous matter to the surface of the skin, by which a considerable degree of hardening of that substance is produced, as well as accumulation. The necessary result of such accumulation, in the course of time, is the distention of the follicles in which it is contained, and their consequent inflammation." — P. 16.

Mr. Plumbe's remarks on the treatment of acne, and particularly of that variety called rosacea, are very judicious. He has not overlooked the connexion of this affection with

the condition of the digestive organs; but we think he is more incredulous than he ought to be of the relation frequently subsisting between acne rosacea and derangement of the liver, in addition to the more obvious disorder of the stomach usually accompanying this affection.

Mr. Plumbe considers *Sycosis* " as nothing more or less than *Acne*, or follicular obstruction occurring on parts covered by hair."

He introduces the subject of *Porrigo* with the following observations: —

" Under the general denomination of porrigo, three essentially different affections have been classed by Willan and Bateman, and the species, according to their classification, amount in number to six.* The first and last of these cannot be separated by any line of distinction founded on correct pathology; and with respect to what has been termed porrigo decalvans, which consists in the mere falling off of the hair, leaving a bare scalp without the vestige of inflammatory action upon it, it is scarcely necessary to observe, that it merited a separate inquiry.

" The P. Scutulata, or common ringworm, may be with propriety considered as only the commencement of that disease which, under circumstances of great neglect, answers to the description of P. Furfurans and P. Lupinosa. In the middle and higher classes of society, indeed, the latter states of the affection are never seen; for nothing but gross inattention to cleanliness can, of course, admit of the accumulation of that mass of dried scabs and diseased secretions, which forms their distinguishing features. On these accounts it becomes a matter of propriety to consider the investigation of the pathology of Porrigo Scutulata as demanding our first attention." — Pp. 41, 42.

Mr. Plumbe argues that, as P. scutulata, or ring-worm of the scalp, consists of an inflammation of a specific character, affecting the solid structure of the cutis and the nourishment of the hair; as pustules only form in the progress of the disease, and only occur where hair exists, therefore the specific irritation of the affection is increased by the presence of the hair, owing to their acting as foreign bodies, and thus giving rise to pustulation. On this view Mr. P. founds his plan of treatment. He recommends that the extraction of those hairs, at least, which may be removed without much pain, owing to their imperfect connexion with the scalp and diseased state of their bulbs, should precede other plans of treatment; and that the contents of the pustules should be forced out by pinching up the skin between the finger and thumb.

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* " P. Larvalis, Furfurans, Lupinosa, Scutulata, Decalvans, Favosa."

"The removal of the hair and the contents of the pustules having been effected, and the part washed with warm water and soap, some astringent application, possessing the power of taking from the secretion its infectious properties, and at the same time sufficiently powerful to constringe the vessels from which it flows, and lessen its quantity, may be made use of.

"A solution of the sulphate of copper has been employed in some cases for this purpose: I believe the object to be more completely accomplished, however, by rubbing this preparation, in a finely powdered state, on the part, and then washing it off.

"The slight inflammation which drawing out the hair and shaving the part occasions, usually produces a few more pustules than would probably otherwise occur, if not kept under for the first day or two by some sedative application. A careful examination should be instituted every morning, and if any pustules appear, they should be at once removed, and the sulphate of copper applied, as at first, to the part."— Pp. 72, 73.

We must refer our readers to the work for a more detailed account of the treatment Mr. Plumbe recommends for the modifications and advanced stages of ring-worm, and for the changes which aggravated states of this affection induce in the scalp, and which frequently remain for a considerable time after the original affection has been removed. We may, however, remark, at parting with this subject, that the local treatment which we find here recommended is very judicious; but too much dependence is placed upon it, to a greater neglect of constitutional means than we are disposed to approve of. Our own practice at an institution which furnishes a great many cases of this affection, gives us confidence in this opinion, independently of the support which we receive in it from the best written authorities.

Sect. II. *Diseases dependent on Debilitated and Deranged States of System, and consequent diminished Tone of the Vessels of the Skin.* — Under this head Mr. Plumbe considers *Purpura, Scurvy, Pemphigus, Pompholyx, Ecthyma,* and *Rupia.* He reasons with much justice for the propriety of arranging and of viewing these disorders with a strict reference to the particular state of the system on which they depend. There can be no doubt of this dependence as regards purpura and scurvy more especially, for the disorder of the skin in them is merely a prominent symptom of a state of derangement which exists in a greater or less degree in almost every part of the body; and we have every reason to believe that the mucous surfaces are generally equally affected with the skin, and, in fatal or very severe cases, that they are much more so.

After having argued for the dependence of purpura simplex on the state of the prima via, and having given Dr. Bate-

man's description of purpura hæmorrhagica, Mr. Plumbe gives a synoptical table of ten cases of the disease recorded by different individuals; in the treatment of which cases purgatives and astringent tonics seem to have been more beneficial than other modes of cure.

Mr. Plumbe's opinion of the proximate cause of purpura hæmorrhagica is conveyed in the following extracts: —

"In the first place, it will be observed that a striking uniformity of symptoms indicating hepatic congestion and general disorder of the digestive organs; of those organs, on the proper performance of the functions of which the formation of blood capable of conveying nourishment and the materials of growth to distant parts of the body entirely depends; occurs in all the cases of serious importance which we have noticed." — P. 123.

"The direct cause of P. hemorrhagica does not appear in any case, which I have been able to discover, to depend on debility of system merely. Privation of food had not been experienced to any considerable extent in any of those immediately before us; and it may be doubtful whether or not a certain degree of energy of circulation may be requisite to cause the escape of so much blood as is necessary to produce the enlarged blotches on the surface of this disease, and to explain the profuseness of the hæmorrhage from surfaces covered with more delicate membranes. The chief questions for decision seem to be, whether any thing like energy of circulation is consistent with that degree of debility and relaxation of the vessels of the skin where the tenderness of their coats disqualify them to resist the common force of the circulation; and if it be, upon what circumstances can the latter depend. Is the highest degree of hepatic and general visceral congestion and obstruction in the abdomen with which we are acquainted capable of so impeding the functions of digestion and chylification, as to become a cause of such reduction in the nutrient properties of the blood, as to render this fluid unequal to the efficient nourishment of every part of the system? If it is, in what parts of that system would the debility consequent thereon be first manifested?" — P. 125.

Mr. Plumbe is inclined to answer the first and second questions in the affirmative, and is of opinion that the debility which he thus explains first manifests itself in the vasa vasorum.

There are several circumstances implied in the above extracts which Mr. Plumbe should recollect may be differently related. 1st, Debility, whether it commence in the nervous or in the vascular system, cannot affect either, in a general manner, without giving rise to, or being accompanied with, "hepatic congestion and general disorder of the digestive organs:" the minor is included in the major proposition. The derangement of the digestive organs is a very probable result of the disorder of the vascular system, and,

when once induced, doubtless contributes to increase the primary derangement. But granting, with Mr. Plumbe, that the primary disease may be in the biliary and digestive organs, is the vascular disorder under consideration a legitimate or even probable consequence of that disease? We think not, and with good reason. 2d, He should be aware that the existence of debility does not necessarily presuppose privation of food. Debility may be present when a due supply of food has been furnished its subject: nay, it even may result from ingurgitation. A great appetite is no uncommon sign of debility; and if it be gratified, the consequence is an abundant and an imperfectly assimilated state of the blood. To this unhealthy state of the blood itself, and to a particular condition of the vessels containing it — of which condition, debility or insufficient tonicity of their coats is a prominent feature — we are inclined chiefly to impute the supervention of P. hæmorrhagica.

Mr. Plumbe comprises his views respecting this disorder under the following heads: —

"The particular circumstances worthy of observation on a view of the severer cases alluded to collectively, therefore, are — 1. That congestion in, and deranged secretion of, the liver, stomach, and bowels, are pretty uniformly disclosed either by symptoms directly referring to these parts, or by the colour and appearance of the evacuations. 2. That medicines calculated to remove such congestion have been as constantly followed by decided benefit; while recovery took place in no instance without free purging. 3. That the use of tonics is seriously detrimental, if not preceded by purgatives. 4. That the utility of bleeding is exceedingly doubtful, and that in no such cases has it been followed by any thing more than temporary alleviation, *except accompanied by purgatives.* 5. That the state of the pulse, together with the result of the *post mortem* examination in the two cases in which the latter was had recourse to, justify the opinion that actual inflammation forms no part of the disease, and, consequently, that the utmost good effect to be expected from abstraction of blood is confined to the temporary relief of congestion; and, 6. That when recovery took place, it was without the use of tonics, such as bark and acids, or good living. Another case equally instructive on these points is recorded by Dr. Bateman, in which the decided superiority of evacuating remedies and the danger of bleeding are both strikingly exemplified." — Pp. 126—128.

Chap. V. Of Pemphygus and Pompholyx. — The existence of the former disease has been doubted. It is certainly very rarely met with; for, at an institution which presents a greater number of cases of cutaneous diseases than any other, perhaps, in the metropolis, we have only seen one distinctly marked case during several years.

With respect to Ecthyma and Rupia, Mr. Plumbe's remarks seem founded on judicious observation. He considers the latter affection as being only the advanced stage of the former, when neglected or improperly treated. This is evidently the case in some constitutions, and we cannot bring to our recollection any very prominent case or phenomenon militating against the opinion. For the treatment of Ecthyma, Mr. P. recommends tonics, sea-bathing, and the nitrous acid lotion.

Sect. III. *On Diseases exerting a probably salutary Influence on the System, originally produced by, and usually symptomatic of deranged Digestive Organs, and characterized by Active Inflammation.* — Cutaneous diseases can be considered as exerting a salutary influence on the system no farther than, being consequences of previous disease, and becoming prominent parts of the original and still coexisting disorder, they are much less dangerous than the other consequences which sometimes result from it in internal organs; they also derive this character, which, however, is one not much suited for the basis of a classification, from the circumstance that, whilst irritation exists in the vessels of the skin, it does not so readily supervene in those of internal viscera.

Under this head Mr. Plumbe first treats of *Porrigo favosa* and *P. larvalis;* and, in succession, of *Strophulus lichen, Lichen Tropicus, Prurigo, Urticaria, Herpes, Thrush, Boils,* &c.

With reference to the first of these, *P. favosa,* he remarks that it always has a constitutional origin, is contagious, and always requires the exhibition of remedies through the medium of the constitution; whilst *P. scutulata,* or ringworm of the scalp, is a local disease, arising from neglect of cleanliness or contagion, and depending upon locally irri tating causes.

For the treatment of P. favosa and larvalis Mr. Plumbe recommends the means usually employed. We must refer our readers to the work for his remarks on this part of his subject, and for his observations on Strophulus.

With respect to Lichen, we shall only notice what he has remarked regarding one of its varieties, L. tropicus, or prickly heat. On this subject he almost entirely confines himself to a quotation from Dr. Johnson's excellent work on Tropical Diseases. With the following passage in this quotation we cannot agree: —

"Even Dr. Mosely retails the puerile and exaggerated dangers of his predecessor. 'There is great danger,' says he, 'in repelling the prickly heat; therefore cold bathing, and washing the body with cold water, at the time it is out, is always to be avoided.' Every naval

Surgeon, however, who has been a few months in a hot climate, must have seen hundreds, if not thousands, plunging into the water, for days and weeks in succession, covered with prickly heat, yet without bad consequences ensuing."— P. 199.

We readily allow that amongst robust Europeans recently arrived in a tropical climate, there is but little danger from repelling this eruption; but we maintain that, in debilitated constitutions, in those who are disposed to the invasion of visceral disease, and particularly in those who have been for a considerable time resident in a tropical climate, or who have suffered from its diseases, the appearance of prickly heat is rather a favourable omen than otherwise, and that the repulsion of it would often be attended with danger. Indeed, in the former class of individuals repulsion of this eruption cannot readily be effected, whilst in the latter class it may be produced with much more facility.

Mr. Plumbe's observations on Prurigo and Urticaria are generally practical and judicious. With respect to the variety of Urticaria supervening on poisoning by fish, he seems inclined to believe that it results from incipient putridity of the fish. This may be the cause as respects shell-fish; but with regard to the more dangerous effects which are observed to follow the ingestion of the larger and more perfect species of fish, especially in warm climates, we are convinced that this cannot be the cause. We have witnessed the worst cases of this kind of poisoning, but could not trace them to this source; nor is Urticaria a constant symptom of cases of this description; indeed, different species of fish produce deleterious effects essentially differing in several particulars. The writer of this article and another person were very nearly destroyed from having partaken of fish which was cooked not above ten minutes after it was caught: in this instance putridity was out of the question. It should also be recollected that the inhabitants of the most northerly isles of Scotland, the Icelanders, Laplanders, and Norwegians, eat a very large proportion of the fish, which constitute the chief part of their food, in a state of incipient putridity; and we have ourselves partaken, when in some of these places, of several species of fish in this state, and made them articles of diet during several weeks, and even months, without experiencing from them any inconvenience.

The treatment which Mr. Plumbe recommends, on authority, for the deleterious effects of fish may be very proper, for aught we know, when these effects have been occasioned by shell-fish; for here our experience is insufficient to allow us to speak decidedly. We have, however, employed the more efficient remedies which he mentions without any beneficial

effect in the worst cases of fish-poisoning which came under our observation in a warm climate. In our own case the treatment usually recommended, and which was nearly the same as that pointed out by Dr. Burrows, M. Orfila, and our author, had no effect. The remedies which did prove efficacious both in this case and in others will come under consideration on another occasion. We will not now anticipate the observations which we have then to make on the subject of poisoning by fish.

The chapter on *Herpes* presents us with nothing to remark upon; except that Mr. Plumbe seems inclined to consider the probability of repressing this kind of eruption as by no means great, even were the treatment directed with that view; and that, even were this intention fulfilled, any evil that might accrue from it is undeserving the attention of the Practitioner: he appeals, moreover, to modern practice in behalf of the correctness of his opinion. But, in reference to this appeal, we put the following questions for his consideration: —

Has a great proportion of Practitioners lately examined, with sufficient accuracy, whether or no any connexion have existed between the repression of herpetic, or other eruptions, and the subsequent appearance of internal disease; and, when any such connexion seemed to exist, have they been at the trouble to examine into its nature? Have they not been too long taught not to look for such a connexion, because it was inconsistent with the pathological theories of the day; and, consequently, has it not lately been entirely unheeded even when it actually existed? And, even, if observed, would it, we ask, have been made public, since its occurrence implied malpractice and want of attention to the results recorded by most experienced Physicians? We cannot expect Surgeons to comprehend the general relations of diseased actions to their full extent, since there are various circumstances which forbid such an expectation; but we do expect that, when they venture an opinion upon a subject which has not come within the sphere of their studies, and but imperfectly within that of their observation, it will be given with modesty and diffidence, instead of the petulant assurance — the prostituted mask of ignorance — which is too often obtruded on the observation of the philosophical inquirer into disease.

Mr. Plumbe observes that ancient opinions "are not permitted to restrain us from extending relief to our patients, merely from their antiquity." Certainly not; but they ought to be attended to, notwithstanding their antiquity, when they are inferences deduced from great experience and extended views of disease; and they ought to be respected, when they

are evidently conclusions drawn from a due recognition of the causes, the sources, the beginnings, and the consequences of disease, as well as of the results proceeding from the immediate removal or continuance of symptomatic disorder, as respects danger from previous or consequent disease in other more important organs. We know but too well — and who amongst us has not regretted it! — that those whose knowledge of the state of medical science is limited to that of the very few years which have just passed over them, and more particularly to that of a few preceding months, can have little reverence for the opinions of ancient, or even of those who may be considered modern writers. The mind cannot appreciate that of which it is ignorant.

Sect. IV. *On Diseases marked by Chronic Inflammation of the Vessels secreting the Cuticle, producing Morbid Growth of this Structure; Constitutional Causes or Influence uncertain.* — Under this head Mr. Plumbe includes *Lepra Alphoides* and *Nigricans, Psoriasis, Pityriasis, Pellagra, Ichthyosis,* and *Warts.* His observations on these are, in general, satisfactory, and the treatment which he recommends that which has received the sanction of the most experienced Practitioners.

On the subject of Psoriasis he very properly recommends the use of the sulphur vapour bath and the arsenical solution. Of the efficacy of the latter he, however, speaks with more confidence than the experience which we have had of it would lead us to adopt. In an inveterate case of this affection, in which the arsenical solution had been given without benefit, to as great an extent as it could with propriety, and until it produced unpleasant effects, we found considerable advantage from weak solutions of the alkaline sulphates, with a few drops of sulphuric acid, taken early every morning, the decoctum ulmi, or decoct. dulcamaræ, through the day, and an alterative pill at night. Under this treatment, and change of air, the patient recovered, after suffering two years from the disease.

Sect. V. *On Diseases of a Mixed Character essentially dependent on Active Inflammation, with which the Constitution is not necessarily connected.* — Under this section Mr. Plumbe includes *Impetigo, Scabies, Acarus scabei, Eczema, Erysipelas, Elephantiasis, Erythema, Roseola,* and *Venereal Eruptions.* He appears to consider that Impetigo is more frequently a local disease than a constitutional one. This we cannot admit. We think that it is very seldom a local disorder, and that, consequently, internal remedies are more requisite for its permanent removal than local means. We would, however, by no means neglect local measures, and those which are

recommended by Mr. Plumbe we have found beneficial. The following observations are judicious: —

"In the treatment of impetigo, the frequent removal of the diseased secretion has never been considered of sufficient importance: the benefit of this step, if carried into effect by frequent ablution of the part with warm water, is incalculable. By this plan, in conjunction with the exhibition of simple alteratives, entirely rejecting any thing in the shape of ointments, or other greasy applications, the disease will be often readily subdued. The part may be kept in a state of moisture at other times by covering it with oilskin, or by the application of soft linen wetted in the liq. plumb. acet. dil.

"If these means prove inefficacious, the Harrogate waters, or the internal exhibition of sulphur in any other form, are recommended. Plummer's pill, the decoction of dulcamara, &c., present other means of obtaining success." — Pp. 345, 346.

"The hydrocianic acid, a medicine which has lately made a great noise, and appeared in some instances to be of great value internally exhibited in the management of phthisical affections, was first used as an application in impetigo by Mr. A. T. Thompson. Since the publication of Mr. T.'s paper in the columns of the Medical and Physical Journal, I have had frequent opportunities of submitting it to a trial. When the diseased surface has been diligently cleared of the scabby secretions, a lotion formed of this fluid, diluted very largely, and to which a little alcohol has been added,* is a useful application in cases where the disease is not extensive. In the present state of our knowledge respecting its power, however, it would, perhaps, not be safe to apply it to a whole limb, or to an extensively diseased surface on the trunk." — Pp. 347, 348.

"The grand and predominant features of impetigo are extreme irritation and active inflammatory action, accompanied or followed by a proportionate degree of relaxation of the vessels of the part involved. The objects in view, therefore, should be, first, to diminish such irritation, and, secondly, to supply the loss of tone which the vessels have sustained. It is evident, that mere sedative applications are not possessed of these properties conjointly, and hence arises the temporary effect only by which they are followed. The desiderata evidently consist of means which will at once relieve the turgescence and irritation, and correct the relaxed state of the vessels alluded to. It is upon these principles that the sulphur vapour bath acts in removing the disease, and its powers in such cases are unquestionable." — P. 349.

Our limits do not permit us to review Mr. Plumbe's observations on the other cutaneous affections which he has placed in this division of his work.

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* "℞ Acid. Hydrocyanic, ʒiij.
Aq. Distill. ℥vijss.
Alcohol, ℥ss. Ft. lotio."

At parting, we may express our satisfaction, upon the whole, with Mr. Plumbe's production. It is true that he has added nothing to what we already know of the treatment of this class of disorders; but he has arranged them in a much less artificial manner, and placed them in a more natural and a more attractive light than was done by his late predecessors. These circumstances will recommend his work as a very accessible and useful manual of cutaneous affections.

II.

Official Report of the Fever which appeared on board his Majesty's Ship Bann, on the Coast of Africa, and amongst the Detachment of Royal Marines forming the Garrison of the Island of Ascension, in the Year 1823. By William Burnett, M.D., one of the Commissioners of the Medical Department of his Majesty's Navy, Physician in Ordinary to his Royal Highness the Duke of Clarence, &c. &c. 8vo. Pp. 78. London, 1824.

This report appears to convey a candid account of the circumstances connected with the appearance of fever in the places mentioned in the title-page, collected and arranged from the returns made to the medical commissioners of the navy, by the medical officers whose duty it was to observe and to treat the disease.

It has been supposed that the fever which lately ravaged the colony of Sierra Leone and the Bann sloop of war was introduced to both by the Caroline, a merchant ship, which had arrived at the colony from Malta. As the evidence against such an inference appears to be conclusive, and as it is important, both to medical science and to the public service of the country, that correct opinions should be formed, as far as we possess the means of doing so, respecting the source of malignant diseases, we think it right to place before our readers a succinct account of the facts contained in this official report, from an attentive perusal and consideration of the topics which it embraces.

In order to do this in the most perspicuous manner, we will endeavour to follow the development of the disease in the vessels, in the colony of Sierra Leone, and in the Island of Ascension.

1. *In the Vessels.* — The Caroline arrived at *Sierra Leone* on the 3d of November, 1822, with all her crew in perfect health, as attested by the colonial Surgeon. On the 12th

she proceeded thirty miles up the river, and loaded a cargo of wood in a swampy situation. Whilst employed in this duty her crew were seized with the common bilious remittent fever of the country, and several of them died and others deserted.

The Caroline returned to Free-town, Sierra Leone, on the 11th of February, 1823, having completed her cargo; and endeavours were made "to procure men to navigate her to England from amongst the invalids of the men of war about to be sent home, and the prisoners belonging to slave vessels which had been sent into Sierra Leone for adjudication, and there was no restriction in the communication with her." On the 22d of February "a patient was sent to the hospital from her with the more fatal form of the fever; but," Dr. Barry adds, "by this time it had begun its ravages on shore."

The San Raphael, a Spanish schooner, was captured by the Bann sloop of war, with a cargo of 150 slaves, in September, 1822, and arrived in the river Sierra Leone in December. The Bann arrived there on the 11th January, 1823; the San Raphael was then repaired and manned by a part of the crew of the Bann, and afterwards made a tender to the latter.

The Bann sloop of war arrived at Sierra Leone on the 11th January, 1823, and continued there until the end of March. During the time that she remained at this colony, part of her crew was employed in refitting the San Raphael, and in assisting the Caroline. The first case of fever appeared on board the Bann on the 25th of March, and two cases on the 26th. She left Sierra Leone on the 27th; and after the 31st her sick-list rapidly increased.

Thus we find the Caroline, the Bann sloop of war, and the San Raphael slave ship, lying off Free-town, Sierra Leone, from the middle of February until the end of March. The latter part of this time, and before the fever appeared in the Bann, the San Raphael was anchored near the Caroline: and it is probable, from the circumstances of the vessels, that intercourse was held between them.

"The fever, according to the testimony of the Surgeon, made its first appearance on board the San Raphael; and this vessel suffered more in proportion to the number of her crew than the Bann." Every person on board her, with two exceptions only, "was taken ill *and removed to the Bann;* and the number taken ill on board the schooner (the San Raphael) in the early part of the disease was so great," that the captain of the Bann, "at one time, had *determined to destroy her,* but, on farther consideration, he decided on taking all the Europeans out of her," except the two who had escaped the

disease and two other seamen, "sending a proportionate number of blacks to assist in navigating her; and after he had done so no sickness prevailed."

These facts are important, and evidently shew that the malignant form of fever commenced in the slave schooner, and appeared in the Bann after the sick were removed into her from the former. But there are two circumstances chiefly to be attended to, namely, the causes of the origin of fever in the Caroline and in the San Raphael — the two vessels in which it first shewed itself. From the facts stated in the report before us, it would appear that the fever which occurred on board the Caroline was that form of disease—the endemic of the country — to which the crews of all vessels similarly exposed are, to our personal knowledge, more or less liable on the coast of Africa, especially when employed, as her crew were, in a particularly unhealthy duty. It is much more difficult to account for the commencement of disease in the San Raphael; and in order to do so in a satisfactory manner, it is requisite to bear in mind the circumstances of this vessel having been employed in the slave trade, and her having been taken, with a hold full of slaves, and brought into Sierra Leone, not more than two months before fever appeared in her.

M. Audouard,* a French Physician, has lately undertaken to prove that the disease usually called epidemic yellow fever originates from an infectious miasm or principle which is generated on board slave ships, from the concentrated exhalations and secretions of the negroes confined in an imperfectly ventilated and confined space, during a very high range of temperature. Granting that such a principle is developed (for it is impossible to conceive circumstances more favourable to its generation than those which a Spanish slave-ship of the dimensions of the San Raphael presents, especially when the abundant exhalations proceeding from the surface of the negro is considered,) it is not unreasonable to suppose that, during certain favourable states of the atmosphere, and of the recipient, the disease may be widely propagated amongst Europeans. Now this seems to have been the source of the disease which appeared amongst the seamen with which this slave-ship was manned, after the slaves were removed from her. The report expressly states "that the number taken ill on board of the schooner in the early part of the disease was so great," that at one time the captain determined to destroy her; but instead of doing so, he removed the sick into the Bann, and with them the disease, whilst they were replaced by negroes, who are not liable to

* See another department of this Number.

be affected in a similar manner as Europeans by the exciting causes of fever; although, according to the information we have obtained in Africa and in this country, from individuals who have been engaged in the slave-trade, the same causes which are productive of fever in Europeans, when they exist in a concentrated state, will produce dysentery in negroes, which disease amongst them will sometimes assume an epidemic, and even a contagious character. Thus dysentery was a frequent occurrence, during the slave-trade, amongst Africans during the passage across the Atlantic, when circumstances favoured the development of the exciting causes; and, when it did appear, it generally spread amongst the whole human cargo, more, perhaps, from all being similarly exposed to the same exciting causes — the inhalation of the concentrated effluvium or miasm — than from the actual formation of a contagious principle capable of propagating the disease amongst those not subjected to the same or the like privations. But, not only has dysentery occurred, in slave-ships, in consequence of causes frequently productive of fever amongst Europeans, — it has also appeared as an epidemic in African towns, and then the negroes have considered it to have been as contagious as small-pox.

We mention those facts to shew that, although negroes are not so susceptible of being affected by the more energetic causes of fever in warm climates as Europeans are, and are differently influenced by these causes, yet the former are by no means exempt from their action when they exist in a concentrated and pestiferous form. That a pestiferous agent was generated in the slave schooner, by the great number of negroes crowded in her hold, appears very probable. Indeed, the circumstance seems to have suggested itself to the captain of the Bann; for he could not otherwise have entertained the idea of destroying her. On the subject of the origin of the fever Dr. Burnett adds: —

"I have before stated my belief, that the Bann did not derive the fever from this source (I mean from the Caroline), for the Surgeon, now in England, has stated to me explicitly, that the first eight or nine persons who were taken ill had no communication whatever with the Caroline or her crew; but that four of them were employed in the San Raphael (the schooner before-mentioned), and three, viz. two marines and a carpenter, were not employed out of the Bann, on any occasion, while at Sierra Leone; and I am sure, when we add to this the far more extended communication before mentioned, held by other ships of the squadron with the Caroline, and with complete impunity, it will appear very improbable, to every impartial mind, that any contagion could have been derived from this ship..... He never even hints at the Caroline as the cause in his report; and,

since his return to England, totally denies it to have been the case; and when the simultaneous, indeed I may say the *prior*, appearance of it in the schooner, her tender, is considered, and the intention Captain Phillips at one time had of destroying her is added to other circumstances, it is pretty evident that the occurrence of fever in the schooner had made no common impression on the captain's mind."—Pp. 24, 25.

We are therefore disposed to suggest, that the circumstances of the slave schooner — the confinement of so many negroes in a small and close hold, in an intertropical climate, generated a pestiferous miasm, with which their place of confinement was imbued; — that this cause of disease manifested its effects, upon the European seamen who were subjected to its influence, during an epidemic state of atmosphere favourable to its operation; — that the disease spread from the slave schooner to the Bann, and from the latter to the detachment stationed at Ascension; — and that the circumstances of the crews of both vessels, the close and sultry temperature of the season, and an epidemic influence of the air contributed to develope, or to assist the operation of, causes, which otherwise might have been incapable of themselves to produce the disease, in the form, at least, which it assumed.

2. *In the Colony of Sierra Leone.* — As to the source of the fever which ravaged this colony, about the same time that it appeared in the above vessels, we have no satisfactory data whence we can offer an opinion. "Dr. Barry," our author informs us, "in his official report to the Army Medical Board, states, that the first suspicious case appeared on the 13th of December, and died with black vomit on the 21st." But another case is not spoken of as having occurred until the 10th of February, and this was in a recently arrived European. The circumstance of black vomit appearing in a fatal case of fever in Africa is by no means remarkable, as many of the worst cases of the endemic fever of the country, as well as of its epidemic form, present that symptom, especially when the fever occurs during the dry season. Whatever may have been its source — whether from endemic or epidemic causes, or both combined, or from an additional cause proceeding from the slave schooner in question — we cannot pretend to determine, in the absence of sufficient information on the subject. It would, however, appear that if an epidemic influence was not its sole cause, it had a very considerable share in the development and diffusion of the disease. Dr. Barry states, in his official report, that "the fever, although chiefly confined to the lower parts of the town, made its attack at points where there was no connexion between the suffering parties,"

and concludes that, "from all the evidence we have been able to collect in this colony, the disease was a non-contagious sporadic epidemic."

3. *In the Island of Ascension.* — Dr. Burnett believes that the fever was introduced into the Island of Ascension by the Bann. "Still, even here," he candidly observes, "difficulties occur in accounting for many circumstances, particularly the attack of two posts, and the exemption of a third, when the communication was open for eighteen days," and one of the persons belonging to this post had even been on board the Bann for some time.

Before we take leave of this subject we may mention, that European females and children were exempt from the fever at Sierra Leone, and that no case occurred amongst the natives, the Maroons, or the black settlers. The negroes of the Bann and San Raphael equally escaped; but the women and children at Ascension were not so fortunate.

In justice to our author, we subjoin the inferences which he has drawn from a calm and candid inquiry into the subject: —

"1st, That the Caroline sailed from Malta on the 25th of September, and arrived at Sierra Leone on the 4th of November in perfect health, and that no sickness prevailed on board that ship till she had been lying nearly a month thirty miles up the river, in a very unhealthy situation, loading wood.

"2d, That when the disease did appear, it was the common remittent fever of the climate, brought on by hard labour and exposure to the sun, not possessing, under the circumstances stated, any contagious properties, and continued to be so till after the middle of February.

"3d, That, on the 22d of February, the first case of that which has been called yellow fever was sent to the hospital; but, according to the report of the principal medical officer of the colony, the same disease then prevailed on shore, and consequently could not have been derived from the Caroline, but in all probability arose from some cause, with which we still are, and perhaps ever shall be, unacquainted.

"4th, That no contagious disease was, or could have been, communicated from the Caroline to the crew of the Bann sloop of war, as the fever in question had appeared both on board the Bann and her tender, the San Raphael, before the Bann had had any communication with the Caroline, which is still further confirmed by the complete immunity of several persons who were much more exposed to the effect of contagious disease, in surveying the ship, had any such existed on board, than the boat's crew of the Bann, none of which were amongst the first persons attacked on board that ship, or in the schooner.

"5th, That the fever in the Bann, which appears to have arisen

from common causes, by the state of the weather preventing ventilation, and a great number of sick being confined in a small space, became contagious.

" 6th, That, from the recorded preceding effect of different seasons of the year on the health of the garrison of Ascension (more particularly marked in the years 1817 and 1818, when Mr. Robert Malcolm had the medical charge of the garrison), a disease similar to the fever in the Bann might have prevailed in that island, though the Bann had never had any communication with it.

" 7th, That, though after a most careful inquiry it is impossible to trace the fever in question directly from the Bann to any individual of the garrison of Ascension, yet there is just reason to believe that the disease was introduced into the island by that ship.

" 8th, That, as in the cases of the Bedford and Pyramus, the disease called the yellow fever is not uniformly, nor, except under particular circumstances, of a contagious nature.

" 9th, That yellow suffusion and black vomit are not pathognomonic signs of a contagious yellow fever, though they do sometimes accompany that disease." — Pp. 51—53.

PART III.

ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND SURGICAL SCIENCE AND LITERATURE.

Tableau des Maladies observées à la Charité, dans les Salles de Cliniques de M. le Professor LAENNEC, *pendant le premier Semestre de l'Année Scholaire* 1824. Par MÉRIADEC LAENNEC, Aide de Clinique de la Faculté de Médecine de Paris.

Report of the Diseases treated at the Hospital of " la Charité," in the Clinical Wards of Professor LAENNEC, *during the first Six Months of the Scholar Year* 1824. By MÉRIADEC LAENNEC, Clinical Assistant of the Faculty of Medicine of Paris.

DURING the course of the scholar half-year commencing with November, 1823, and concluding with April 18, 1824, two hundred and twenty-two patients have been admitted into the wards of the " internal clinic" * of " *la Charité.*"

* The internal clinic of the Hospital de la Charité was founded in 1798, and contains forty beds, of which twenty-six are for male patients, and fourteen for females.

Of this number, 112 were treated for acute disorders, and 92 for chronic diseases; the remaining twenty-two were valetudinarians and infirm persons.

Acute Disorders. — *Continued* fevers were generally mild: nearly half of them presented no symptoms of an alarming nature. However, out of thirty-six cases, four terminated fatally: three of these occurred in young subjects of from fifteen to twenty-four years of age. Of these four patients, one died on the third day of convalescence, from a sudden effusion of water on the brain, occasioned by a fit of passion. Another died on the ninth day of the fever, which was slight, of pulmonary apoplexy of the severest character. A third was carried off by acute peritonitis, consequent on rupture of an intestinal ulceration, and supervening about the fifteenth day of the fever. It may be said that two or even three of these four fatal cases were the result of a complicated form of the fever.

All the cases of fever were treated after "*la methode expectante.*" Some applications of leeches at the commencement of the disease, when there existed symptoms of gastro-intestinal irritation, or congestion towards the encephalon; dilutions, abstinence, or a more or less severe diet during the disease, and a mild and graduated regimen during convalescence, were the means employed.

M. Laennec frequently took occasion to point out to the pupils that the slight inflammatory symptoms appearing in the course of fever, and the gastro-intestinal irritation, whether terminating in ulceration or not, were evidently posterior to the development of the fever, depending upon it, and consequently not its cause. When remarking that continued fevers more than other diseases are subject to the influence of the medical constitution of the year, and that all those occurring in a particular season present the same general aspect, he observed that these, which were treated within the period embraced by the report, generally offered scarcely any inflammatory phenomenon, either primary or secondary, with the exception of a very slight congestion of the mucous surfaces of the lungs, which was only perceptible by the aid of the stethoscope. The symptoms of gastro-intestinal irritation, already referred to as supervening in the course of the disorder, occurred in a few instances only. All the cases of fever were remarkably free from complication with biliary derangement — a complication formerly so frequent, and for which emetics have been found so very beneficial.

Two cases only of intermittent fever came under treatment: one a tertian, the other a quotidian. The sulphate of

quinine, given to the extent of eighteen grains in the twenty-four hours, quickly put a stop to the disease.

The cases of exanthematous fevers presented nothing remarkable.

Five cases of apoplexy presented themselves, of which three died, and two remain hemiplegic. In one of the fatal cases apoplexy was complicated with cancer of the brain. The two hemiplegic patients, in whom it was inferred that the hemiplegia was the result of pressure from extravasated blood, were treated with large and repeated doses of tartarized antimony: one of these could not bear the exhibition of this remedy, and consequently could derive no advantage from it; the other continued the use of it, in this manner, for upwards of a month, when the medicine, which had been pushed to the extent of fifty grains a-day, was left off, with but little advantage from its exhibition.

Twenty-eight cases of pleuritis, pneumonia, and pleuro-pneumonia, occurred — a much greater number than usual. One case only proved fatal, although both lungs were affected in several of them. In two cases the absence of respiration and of sound in one entire lung, and in half of the other, indicated that three-fourths of the organ was hepatised. Five or six presented evident signs of pulmonary abscess.

Considering the severity of the cases of pulmonary disease which occurred during this period, the result conveys a favourable idea of the plan of treatment which was adopted. All these patients were treated according to the method of *M. Rasori* — by tartarized antimony given in large doses. M. Laennec, however, does not exhibit this remedy in so high a dose as Rasori recommends. M. L. usually commences with six grains of the tartarized antimony in the day, in six half-glasses of the sweetened infusion of orange-leaves, at an interval of two hours between each half-glass. He afterwards gradually increases the dose until ten, twelve, or fifteen grains are taken through the day, provided the increase does not excite vomiting or diarrhœa. He seldom exhibits the remedy during the night, unless the disease appears to be making progress; which he endeavours to ascertain daily by the aid of the stethoscope. This treatment he has found to prevent the necessity of large depletion. None of his patients were blooded more than thrice, the majority of them not more than once, and two or three not at all. Convalescence was observed to be much more quick in those treated after this manner than is usually observed after pneumonia. The only fatal case which occurred was that of an old man with a broken-down constitution, who could not bear the exhibition of the antimony owing to the violent irritation of the stomach and bowels which it occasioned; and yet, on dissec-

tion, the mucous surface of the digestive tube was found perfectly sound throughout its extent.

Six cases of colica pictonum presented themselves. They yielded perfectly to the treatment of the "*Peres de la Charité.*"* The same treatment was employed in six other cases, which offered several nervous symptoms similar to those usually accompanying this disorder, with a slighter derangement of the digestive organs than that constituting this species of colic. These symptoms consisted of vertigo, trembling or jactitation, wandering pains, or numbness in the limbs, sometimes with a sense of heat or uneasiness in the course of the vertebral column. In addition to these, diarrhœa, with or without colic, frequently occurred, and still more frequently obstinate constipation supervened; paleness of the tongue, as in colica pictonum, was usually remarkable. Four, out of the six cases of this affection, which M. Laennec terms *rachialgia,* were cured by the treatment designated above; and one was relieved.

Four patients with *icterus* were first treated with local blood-letting without much advantage. The yellowness of the skin did not disappear until after the exhibition of deobstruent purgatives.

"Five cases of articular rheumatism occurred: all of them yielded to the exhibition of antimonials in large doses. Two of these cases were remarkable: the first was in a young man affected with enlargement of the heart — a complication which seemed to do away with all toleration of the tartarized antimony, so that this remedy was relinquished on the third day of its exhibition; yet, notwithstanding, the rheumatic complaint was completely removed. In the second case, the rheumatic affection disappeared on the first day after the exhibition of the tartarized antimony; but as the patient had scarcely recovered from chronic puerperal peritonitis, the medicine was instantly discontinued, when the rheumatism again supervened and did not disappear until the white oxide of antimony, or diaphoretic antimony, had been prescribed six days, to the extent of fifty grains in the day. M. Laennec is in the habit of employing this preparation as a succedaneum of the tartarized antimony, when patients cannot tolerate the latter on account of its irritating effects; but the number of cases in which the former is really advantageous are but few. The dose of the antimonial powder may be increased to one or two drams a-day, without its producing any evacuation or intestinal irritation; and it seems to have, like the emetic tartar, but in a much less degree, the property of rendering the action of the absorbent system much more energetic."

We shall notice, in our next Number, some of the most interesting observations on the cases of chronic disease contained in this report.

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* See the Number for June, p. 523.

PART IV.

MONTHLY COLLECTION

OF

MEDICAL FACTS AND OBSERVATIONS.

Physiology.

On some Changes produced by Reagents on Animal Matter, and on the Nature of the Blood.

At the sitting of the *Société de Pharmacie* of the 12th of April last, M. Magendie read a report on a work by M. Chevreul embracing the above topics.

The author had proposed to himself for inquiry, whether azoted organic substances become converted into fatty matters by putrefaction, nitric acid, &c.; or, as Berthollet had advanced in 1780, whether the fatty matter extracted by these means pre-exist in the substances employed.

When the dried tendons of the elephant are treated with alcohol, a fatty substance is obtained, fusible at 30.5 (R.?), the composition of which is similar to that of the fat of the same animal.

If the tendons be treated by nitric or hydrochloric acid, an equal quantity of the same fat is extracted.

These three reagents, so different amongst themselves, alcohol, nitric, and hydrochloric acid, give the same results as regards the fatty matter obtained.

The same tendons, left for a year in water, scarcely yield 0.02 or 0.03 of a substance formed of the margaric and oleic acids — a substance which, in its nature and quantity, corresponds with the proportion of fat which may be extracted by means of alcohol.

On treating the same tendons with a solution of potass, the organic matter is dissolved, and the liquid, left to itself, suffers supermargarate of potass to be deposited.

The yellow elastic tissue of animals, in which the proportion of fatty matter is greater than in the tendons, presents the same phenomena.

The fibrine of arterial blood, treated with alcohol and ether, yields a fatty matter, the proportion of which it is difficult to estimate, from its forming with water a sort of an emulsion: this circumstance does not occur with fat formed of principles immiscible with water.

The fatty matter extracted from fibrine differs considerably from other fatty matters: on a comparison of all its physical and chemical properties, it may be considered as identical with the fatty matter of the brain and nerves.

From these different experiments, M. Chevreul concludes: — That the fatty matters extracted by means of alcohol and the nitric and hydrochloric acids are not, as advanced by M. Berzelius, a product of the reaction of these agents; but that they are constituent principles of azoted organic matters.

In the second part of the *Mémoire*, after some general reflections on the

comparative nature of the blood in a state of health and disease, an important fact is adduced relative to the disease of new-born children known under the name of induration of the cellular tissue — a disease almost always mortal.

If the skin of individuals dead of this disease be cut into, a yellow liquid runs out composed of albumen, of an orange-red and of a green colouring principle. These colouring matters are found in the bile of the same children. The blood of jaundiced children yields coagula formed of albumen and fibrine, as in health; but the serum differs considerably from that of health: its composition and colour are the same as those of the liquid obtained by incising the skin. A property common to both fluids appears to be the cause of the disease: these liquids, when left to themselves, assume the form of a jelly composed in part of a membranous matter: the colouring principles remain in the liquid portion.

The reporter properly considers, that, in order to render these results still more positive, it is desirable that M. Chevreul should subject the blood of a child in a state of health to a comparative examination. — *Journal de Pharmacie, Juin*, 1824.

Pathology.

On Softening, with Extenuation and Destruction of the Mucous Membrane of the Stomach. By M. Louis, D.M.P.

M. Louis, who is already known to the readers of the Repository, has lately read a *Mémoire* before the *Académie Royale de Médecine* on the lesions mentioned at the head of this article, in which twelve cases are related, and the following reflections drawn from them: —

In the twelve case the size of the stomach was various: in four it was more contracted, and in six larger than ordinary. Externally it presented nothing remarkable: internally, in some parts of its surface it was of a pale white, but more commonly of a bluish colour, either continuously or disposed in long and narrow bands, or even in more or less distant patches of an irregularly rounded figure.

This bluish appearance struck the observer at first sight, and the parts where it was situated were perceptibly both to the sight and touch above the level of the surrounding parts. But whilst in cases of ulceration of the mucous membrane the edges of the ulcer are smooth and perpendicular, a very marked depression only was observed at the point of contact between the portion of the mucous coat, which presented the appearance in question, and that surrounding it. The mucous membrane in those points which corresponded with the lesion was pale, extremely thin and soft, and transformed into a sort of glairy, pale, semi-transparent mucus, of the thickness of the mucous tunic of the colon, sometimes less; so that, if very great attention had not been paid, it might have been believed in many cases that the mucous membrane was entirely destroyed, and the cellular web exposed. Frequently, indeed, this destruction existed to a small, rarely to any considerable, extent. The vessels distributed on the surface of the sub-mucous tissue were very apparent, large, and empty. Neither in those parts where the mucous coat was destroyed, nor in those which had undergone the transformation above-mentioned, was there found any mucus. Instead of the whitish and bluish tint, the softened and thinned mucous coat was sometimes of a pale and opaque white, red, or even grey: sometimes, again, the whitish or bluish tint was mixed with reddish or blackish maculæ, which seemed to shew that the colour was not one of the essential characteristics of the lesion.

When it occurred under the form of broad and narrow bands, it was

almost equally spread over the whole surface of the stomach: when, on the contrary, it was in one patch, it occupied the great extremity of the stomach, was rarely confined to the great *cul-de-sac*, and sometimes extended nearly from the cardia to the pylorus.

With two exceptions, the sub-mucous tunic was healthy and of a proper firmness: in certain cases it seemed denser than common; but the difference did not seem sufficiently evident to enable M. Louis to affirm any thing positively on this point. The muscular membrane was softened under the same circumstances as the sub-mucous.

Extenuation, with slight softening — thinness, with considerable softening of the mucous membrane — its destruction, as well as that of every tissue of the stomach to a certain extent, with the exception of the peritoneal coats — were sometimes met with in the same individual, exhibiting the progress of spontaneous perforation of the stomach.

Besides the lesion just described, the mucous tunic presented also, in the remainder of its extent, peculiarities which it is important to make known: thus, it was found in four cases of a delicate, or more or less lively red, and in two others of a greyish appearance. Sometimes this red colour was extremely vivid in the neighbourhood of the discoloured, softened, or thinned mucous tunic; and the part of the membrane in which it was observed was thin, and almost as soft as the portion so considerably disorganized, with which it was continuous. In several cases, it was irregular and tuberculated at its surface, or was affected with more or less deep ulcerations.

When the softening, with extenuation of the mucous membrane, was witnessed in the œsophagus, it occupied the lower part of it, presenting a reunion of the appearances already mentioned, and a greater or less lesion in its whole substance.

Although there was probably but little connexion between the state of the stomach and that of other organs, it may not be amiss to throw a *coup d'œil* over the latter.

In the *colon*, the mucous membrane was commonly pale, sometimes of a more or less vivid red to a certain extent, and softened in every case in which this colour was observable; ulcerated in several others; it was ulcerated in the lower portion of the small intestine in almost every individual: natural in three only. In all the cases related by M. Louis, there were complications with other lesions.

Symptoms. — At the commencement of the disorganization above-mentioned, the digestive organs had been more or less deranged in a greater part of the individuals: in some the digestion had been disordered for a great number of years: in others, it had been so for four or five, and the falling off in flesh and of the appetite might be dated from the same epoch. In a fourth case the individual had laboured under pains at the epigastrium for a very long time, and acidities after eating, for a year and a half; whilst in other cases the loss of appetite had only preceded the *debut* of the symptoms for some months. One of the patients had been intemperate immediately before the commencement of the epigastric pains; another lived for six months in misery; and one of them seemed to be in a state of nearly perfect health, his digestive organs being unimpaired, when the following symptoms presented themselves.

Whether there had or had not been derangement of the digestive passages for a certain period, or whether the disease of the stomach was simple or complicated primary or secondary, the patients experienced, from the commencement, a more or less considerable diminution, or even a total loss of appetite, pains at the epigastrium, shivering, followed by heat, thirst, and, after a more or less considerable period (from a few days to a month or more), nausea and vomiting: or else, these latter symptoms, accompanied by anorexia, thirst, and fever, shewed themselves, and the pain at

the epigastrium did not appear until after one or more weeks; finally, in other cases, nausea, vomiting, and pains in the epigastrium, appeared at the same time. These symptoms continued with more or less violence until death: sometimes in a continuous manner, and almost without interruption; commonly with more or less considerable remissions. In several cases they manifested themselves with much intensity from the commencement; in others, equally numerous, they developed themselves in a slow manner, and did not assume much violence until a certain period of their duration. Sometimes, also, the disease arrived at its last stage without having given place at any time to serious symptoms.

Each of the above symptoms presented itself in very variable degrees; thus, in some, the *thirst* was only slight until a few days before death, and very probably was the effect of some new affection. In others, it was always very great, and to such an extent that, at an advanced stage of the disease, nine quarts of tisane taken in the twenty-four hours were scarcely sufficient to quench it. Some patients could only bear cold drink; others tepid, or, after not having been able to take the latter for a long period, they went back to the cold, and at last did not attend to the thirst for the fear of vomiting, so susceptible had the stomach become.

The *appetite* varied not only in different individuals, but also in the same. In the majority of cases there was, from the beginning, as was before observed, anorexia; sometimes, but much more rarely, the appetite was diminished only a few days before death; or else, after having disappeared for some time, it returned, and again ceased, according as there was more or less difficulty of digestion.

In all the patients there was *nausea*, and *vomiting* in nine of them. These occurred from the commencement, either some time after the appearance of pain or at the same period. They continued until death, with more or less marked remissions: sometimes they commenced with extreme violence: more frequently, however, they augmented gradually. At a certain period of the disease they were provoked by the slightest causes, the mildest drinks, sugared water, pure water itself: they resisted every thing, even the means, to all appearances, most proper for arresting them, or rather, such means as had appeared to relieve them during some days speedily lost their efficacy.

Pain at the epigastrium existed in eleven out of twelve. In some it was very marked, and occasionally so distressing that the patients ascribed all their disease to the epigastrium: in others it was much less violent, was manifested only by obstruction, pricking, and a sensation of constant weight at the epigastrium: occasionally these were accompanied by a feeling of heat, and in such cases the mucous membrane was found softened and extenuated, pale, or of a more or less vivid red. Pressure increased those pains so much that some patients could not bear the least weight on the epigastrium and kept the part uncovered; they were subject to longer or shorter remissions, and became exasperated at very advanced periods of the disease: now and then they were momentarily relieved by the Seltzer water, and at others by an antispasmodic potion without ether. Opium did not appear to have any influence over the degree of their intensity: they were proportionate to the nausea and vomiting.

The state of the *tongue* presented nothing certain: it was in the natural state in four patients; slightly red at the tip in three others; villous and reddish in one, in whom it preserved nearly the same appearance through the whole course of the affection, and also in another, in whom it was red at the tip for eight months, with whitish villosities at the centre, and always moist, as in the other cases.

Diarrhœa existed in almost all the cases, without its being referrible to the disease of the stomach; phthisis existing to a greater or a less degree in the majority of cases.

In the midst of these disorders the exercise of the *intellectual faculties* and of the organs of sense continued without alteration.

Headach only existed in a female, who was labouring under cancer of the uterus, and in three other individuals, one of whom had had habitual headaches for a long time: the two others succumbed, one under hydrocephalus acutus, the other under softening of the brain, and complained only of cephalalgia in the last periods of the disease, viz. at a time which ought to be referred to the *debut* of the cerebral affection.

Pains in the limbs were observed in one case only; and the only one in which they existed in the articulations was in a female who had them from the age of puberty.

The *features* of the face presented nothing particular in the absence of pain; but they assumed the expression of *malaise* and suffering as soon as they were felt, nearly as in colic.

It was difficult, in consequence of the complications, to estimate the influence of the disease on the *state of the strength*: nevertheless, when it shewed itself in subjects labouring under cancer of the uterus or phthisis at a very advanced stage, the weakness did not appear to be much more considerable than in those cases in which the disease was simple. In other respects, it was also the same: thus one of the patients did not give over working until twelve days before death. A woman, who was the subject of another case, continued her occupations for the first five months of the disease; and one in whom the mucous membrane of the stomach was three quarters destroyed, worked until within three days of her death. But when the progress of the disease was rapid, the vomitings were accompanied with copious alvine evacuations, and the lapse of the strength was very prompt: in another case, where the constipation had been constant, the weakness was considerable, but proportioned, it appeared, to the defect of alimentation.

The *shivering* and *heat* experienced by some patients at the *debut* and in the following days, would seem to indicate that the circulation was actively influenced by the disease of the stomach: this, however, is doubtful; for in one case there was only a feeble acceleration of the pulse, although the disease commenced and progressed with violence.

Thus, on comparing the lesions of the diseased organ with the symptoms which were observed, we see on one part, the mucous membrane of the stomach thinned, softened, and destroyed to a greater or less extent: the disorder sometimes propagated to the subjacent tissues: and on the other part, anorexia, loathing, nausea, vomiting, and pains commonly very acute at the epigastrium: but none of these sympathetic phenomena which are regarded by some as the inevitable effect of severe or trifling affections of the mucous membrane of the stomach, and as the only means of knowing them. Here all is clear and precise: the disordered function, the seat of the pain, indicates at the first the injured organ; no other viscus expresses better or more acutely its suffering. The symptoms of pneumonia do not exhibit in a more evident and certain manner inflammation of the lungs, than the phenomena mentioned point out, in the majority of cases, a dangerous affection of the stomach. The patient who is spoken to of his sufferings does not answer that he experiences no uneasiness, that he does not *suffer in any part*: he points out positively the stomach as the seat of the disease; *it is there where the whole of his disease is situated.* It matters little whether the affection be simple or complicated; the pain at the epigastrium is always the same: and whatever may be the complication, whether the disease proceeds violently, is accompanied or not with acute enteritis, it becomes quickly mortal, or, manifesting itself by somewhat severe symptoms, is prolonged for a considerable time, the symptoms

varying only in their degree of intensity: the pain always reveals the diseased organ.

We have seen this obtuse pain, it is true, persist for a whole year, and almost until death, in one female, although the progress of the disease had been very slow, nearly uniform, the accidents slight, and the patient continued her occupations until three days before death. Can it henceforth be believed that the mucous membrane of the stomach is either insensible, or that it shews its pains in a manner different from other organs? We dwell upon this point and upon the other symptoms described, viz. the nausea and vomiting, because they bring the stomach under the common law, and exhibit it to us expressing its sufferings, like other organs, by the more or less marked disorder of its functions.

Progress and duration. — In general the disease ran through its different periods with slowness, its duration being considerable, and it is not improbable but that it would have been still more so had it not been for the complications which existed. In one case it was three months and a half in duration, in another six, and thirteen in a third, without a corresponding difference being observed in the state of the organs after death. Instead of that, the disorder was more considerable in the first than in the last case, where there was only thinness and softening of the mucous membrane; whilst in the other, the disorder extended to the whole thickness of the parietes of the stomach. Sometimes, however, the progress of the disease was rapid, truly acute, and death was the result rather than any other lesion: thus, it appeared to have scarcely continued twenty days in one case, in which the mucous membrane was profoundly altered, and even entirely destroyed in several points. Its progress was almost as rapid, and the symptoms equally severe, in another case, where the lesion of the mucous tunic was less advanced.

In the chronic form, the disease, like every affection of long duration, had not an uniform march: it seemed sometimes stationary, or even had a tendency to be cured; but the apparent improvement was quickly followed by exacerbations. In one case, after the disease had continued for five months, the patient recovered his appetite for three or four months, and appeared to enter into convalescence: the disease, however, proceeded, although with slowness, with equal certainty to its fatal termination.

Diagnosis. — We have seen that the affection of which we are treating developed itself most commonly in those whose appetite and digestion had been disordered for a considerable period: that at its *debut* there were fever, nausea, vomiting, and more or less complete anorexia; that these symptoms were accompanied, preceded or followed by pains at the epigastrium, as they appeared in almost every case: that nausea and anorexia were never wanting, that pain at the epigastrium was observed eleven times out of twelve, &c., and we have just seen that these symptoms persisted with longer or shorter remissions until death: that in almost all cases the progress of the disease was slow: we have, besides, remarked that it manifests itself in the course of chronic affections, and most commonly in phthisis pulmonalis, which it rarely precedes: every time, therefore, that we meet in persons labouring under chronic affections, and having had for a long time difficult digestion, with diminution of appetite, the symptoms above indicated, we ought, when they have existed for some time — twenty days, one month, six weeks, for example — to suspect the existence of softening, with thinness of the mucous membrane of the stomach. In the cases where these symptoms declare themselves without previous disorder of the digestive functions, with a diminution of greater or less duration of the appetite, and in subjects exempt from chronic diseases, the suspicions would, doubtless, be less founded: however, as these suppositions were

met with partly united in some cases, we think that if the symptoms mentioned had persisted for six weeks or two months, we might be almost sure of the existence of the disease.

In those cases in which the symptoms are but little marked, where there is only nausea without vomiting, simple obstruction, or an obtuse pain at the epigastrium — if especially the emaciation be slow, and the patient preserve his strength — the diagnosis is necessarily uncertain: for it might be considered as a chronic cancer of the stomach, and the absence of any sensible tumour in the epigastrium would be far, as is well known, from removing all our doubts.

We do not pretend that the symptoms above-mentioned are the only ones existing, or that the diagnosis of the disease must rest upon them alone: our conclusions are merely the expression of facts which we have observed; and we do not doubt that fresh observations may lead to new signs, or modify those which we have just pointed out in some manner. We must recollect, finally, that the disease is sometimes latent, and that the symptoms being wanting, the diagnosis is absolutely impossible. The following is an instance of this kind: —

A woman, aged seventy-seven years, who inhabited *La Salpêtrière* for eighteen months, and had quitted it only for two, attributed to the diet of the house the little appetite which she had felt for some time. Some charitable persons who attended to her tried to make her take some delicate nourishment, but scarcely had she swallowed some mouthfuls when she found herself satiated: she took soup only with pleasure: there was neither nausea nor vomiting, nor pains at the epigastrium (at least, those who saw the patient constantly and several times a-day assured me of it): she had had a cough for about twenty years, complained only of her *asthma*, and was carried, at the third month after her exit from *La Salpêtrière*, to the *Hôpital de la Charité*, where she was unable to render a satisfactory account of her condition, and died eight days after her arrival, without having had any vomiting. On dissection, tubercles and tuberculous excavations were found in the lungs: the heart was sound, the liver in its natural condition; the stomach slightly greenish at the exterior of the great *cul-de-sac*: internally, in the corresponding place, and of the size of the hand, it was of a greenish or bluish white colour, and traversed at this part by a great number of large, empty vessels: the mucous membrane, where the greenish colour existed, was softened and devoid of consistence: in the majority of the portions where the colour was white and bluish it was wanting: in the remainder of its extent it was of a fawn colour, and of a natural thickness and consistence; its edges gradually settled down to the circumference of the diseased part: the demarcation between the injured portion and that which was not so was, however, extremely evident.

With respect to the *nature* of the disease, if we consider the symptoms, we can only esteem it an inflammation of the mucous membrane of the stomach — a true gastritis; but the condition of the mucous membrane, thinned, pale, and sometimes destroyed, may appear less conclusive. Nevertheless, on examining with a little attention these three principal circumstances, the opposition which appears to exist between the symptoms and the lesions observed seems to disappear. In fact, without speaking of the softening which is the common consequence of intensely acute inflammation, the extenuation and even the destruction of the mucous membrane are favourable to the idea of inflammation, as we every day see the skin ulcerate, become thin, and entirely disappear after the longer or shorter application of a blister. As regards the paleness, it is not constant: the mucous coat, softened and thinned, was, we have already remarked, grey in one case; uniformly red in another; and in a third it followed the affection of another part almost equally thinned and softened, but red, which, in

proportion as it became distant from the point mentioned, was successively more consistent and thick. And should even the paleness be constant, nothing against our proposition could be drawn from it; the paleness of the tissues being inevitable at a period approaching their destruction. Finally, we may observe, that in the points where the lesion which occupies us did not exist, we found in several cases the mucous coat unequal, tuberculated, or ulcerated, and this state, as we shall soon see, appears to be the result of inflammation; so that if on one side the paleness does not repel the idea of inflammation, the redness sometimes witnessed in the case of softening with extenuation, the extenuation itself, and the state of the mucous membrane in the parts contiguous to the lesion, are favourable to it.

Prognosis.— We have not in any case observed the disease in its state of simplicity: in the majority it was secondary to a mortal affection, and the rules of prognosis may be regarded for these reasons as of very little importance. Nevertheless, if it be considered that the lesion which occupies us is sometimes a principal disease, and may cause death at the moment when it is least expected — that when it is accessary to a disease inevitably mortal, it may still considerably accelerate its fatal termination — it must be allowed that a correct prognosis is of very great importance. Unfortunately we do not possess any elements for it; we scarcely know the characteristic symptoms of the lesion; we are ignorant of the symptoms proper to its different degrees; we do not know when it is inevitably mortal, when it is not yet beyond the resources of art, and all this would be necessary to form a judgment respecting the issue of the disease.

Experience is limited to shewing, in the lesion which occupies us, an extremely serious and probably mortal lesion, when the symptoms which may cause it to be recognised have continued a certain time, and the susceptibility of the stomach is such that it can retain nothing.

Treatment.— The uncertainty of the prognosis causes that of the treatment to be anticipated, for it must differ according to the more or less advanced state of the lesion; and we have just observed that we want symptoms for knowing its degrees. Whatever it may be, if the disease, accompanied with a little fever at its outset, and more or less marked gastric symptoms, induces us to exhibit an emetic, and this emetic has been given without success, that mode of treatment should be renounced. Owing to the pain and heat at the epigastrium, the more or less marked pyrexia, the commonly excessive thirst, &c., recourse must be had to the antiphlogistic treatment, which must be proportioned to the strength of the individual. But when the symptoms have already persisted for a long period, when the susceptibility of the stomach is extreme (in which case the lesion of the mucous coat may be suspected to be irremediable), we can only employ palliatives.

It must be observed, however, with relation to the treatment of the first epoch, that the antiphlogistic plan was employed somewhat largely in one of the patients at this period, without preventing the lesion of the mucous membrane of the stomach from proceeding as in other cases; and, as for palliatives, we must also recollect that at an advanced period of the disease all the means employed have been nearly equally unsuccessful.

Causes.—We have already stated that in some cases the onset of the disease was manifest. The only two cases in which it appeared to have been occasioned by evident causes, are favourable to the opinion which we have emitted respecting its nature: one of the individuals had given way to excess in wine and brandy for three days in succession; the other lived in misery for six months, when the first gastric symptoms developed themselves.

It must not, however, be forgotten, that of twelve patients eight were females; that we made our observations in wards where there was an equal

number of persons of both sexes; and that, if experience should shew that the disease in question is more frequent in women than in men, it must also be concluded, that its most common exciting causes are not excesses at table, the women being less addicted to them than men. — *Archives Générales de Médecine, Mai,* 1824.

Observations on Inflammation of the Appendix Vermiformis Cæci.
By M. Louyer-Villermay.

The following cases and remarks relate to a disease of a portion of the intestinal canal which has hitherto received but little attention.

Case 1st. — M. G., aged thirty-five years, of a sanguine temperament, and usually enjoying health, led a sober and regular life, when he was suddenly attacked, on the morning of the 18th of November, 1823, with acute pain in the right side of the abdomen, followed by slightly bilious vomiting: all this portion of the belly was extremely sensible to the touch. The testicle of the same side was strongly retracted: the pulse seemed but little different from its natural condition. No other precursory symptom had been noticed than a sensation of cold on the dorsal surface of the right foot, which existed for three or four days before the invasion. M. Sévestre, his usual Physician, prescribed emollient drinks, glysters of the same nature, and the application of twenty leeches to the anus, the bites of which bled for the whole day. In the evening the pain was diminished, the vomiting had ceased, but the pulse had acquired frequency: the night was restless. On the second day thirty leeches were applied on the right iliac region, where the pain was the greatest.

Whey with nitre and emollient cataplasms were ordered in the evening. In consequence of the hardness of the pulse, notwithstanding the diminution of the pain, bleeding from the arm was employed to the extent of four cups. On the third day twenty leeches were again applied to the most painful part of the abdomen. Every six hours he was put in the warm bath. During the night, the vomiting of a dark green, almost black liquid, recurred, accompanied with very painful retching. On the fourth day, at ten in the morning, the pulse could not be felt, the extremities were cold; he did not complain of any pain even in the belly, nor did he exhibit any restlessness. The vomiting continued, and the facies hippocratica indicated approaching death. With a view of dimininishing the vomiting and inward heat at the epigastric region, of which he complained, lemonade iced was ordered, which was swallowed with pleasure, and, at the same time, the lower extremities were covered with very active sinapisms. At midday he expired, almost without any agony.

Sectio Cadaveris twenty-four Hours after Death. — The abdomen being opened, the testicle was found situated near the inguinal ring, but healthy. At the same time, on the right side, and as high as the iliac fossa, an effusion of about five ounces of a blackish serum, exhaling a gangrenous odour, was discoverable. In the midst of this floated the appendix vermiformis, a third longer and more bulky than common, black, gangrenous, and reduced to *putrilage.* It could be detached without the least exertion. The marks of gangrenous inflammation became weaker, according to the distance from the appendix, and entirely disappeared at the interior of the cœcum, which was healthy. The reflections of the peritoneum formed around this intestine were sprinkled here and there with small gangrenous spots, and adhered to the iliac fossa. A cellular tissue, impregnated with a sero-purulent liquid, surrounded the right kidney, which was exempt from disease. The mucous membrane of the stomach was red and thickened: that of the intestinal tube, as well as of every other organ, was in its healthy state.

Case 2d. — A man, aged thirty-seven years, and of a good constitution, had an inguinal hernia on the right side, which he kept up by means of a truss. On the 21st of July, 1821, an hour after having supped, he felt general indisposition, and afterwards a desire to vomit, with very violent pain towards the umbilicus, and a sensation as if a bar crossed this region, and strongly compressed it. Vomiting, which he provoked, brought up a very green and viscid bile; but instead of being relieved, his pain and anxiety augmented during the night. Glysters were administered, but without effect. On the 22d, at six o'clock in the morning, there was a momentary calm, but extreme debility; his face was pale; the tongue moist; the thirst great; the pulse small, irregular in strength, and frequent; cramps in the calves of the legs.

The umbilical region was painful to the touch; the hypochondria were slightly tumefied; and the hernia accurately reduced. When the patient wished to speak, the pain increased so much as to make him call out, and the respiration became difficult. Dr. Piron Sampigny, his Physician, ordered him a decoction of linseed slightly sweetened, glysters, and emollient fomentations; to be bled from the arm, and leeches to be applied — to which, however, the patient stubbornly objected.

About two o'clock he repeatedly vomited a green, porraceous bile; similar alvine dejections; dysuria; very considerable tumefaction of the belly; slight pain in the right lumbar region; irregular rigors; night tolerably calm; somnolency rather than sleep; sub-delirium; vomiting much less; much thirst at intervals.

On the 23d, in the morning, the intellectual faculties were in a state of integrity; the pulse was small, weak, irregular; the belly did not seem to be painful. Emollient drinks were ordered, with sinapisms. About ten o'clock syncope came on, which was soon followed by death.

Sectio Cadaveris. — On opening the abdomen, a pyramidal body — the appendix vermiformis — three inches long, and about an inch in diameter at its base, was observed in the right iliac fossa: it was of a bluish black colour in its whole extent, directing itself towards the inguinal ring, which was much dilated. The mucous membrane of the appendix was considerably thickened, of a silvery white near the cœcum, and black and disorganized in the remainder: its parietes were three lines thick. When opened from its external side, the cœcum was found very healthy, and even as far as the *embouchure* of the appendix. The intestines, which were very much distended with flatus, were in a natural condition; but the mucous membrane of the stomach presented slight traces of phlogosis: the other organs offered nothing remarkable.

Remarks by M. Villermay. — These two cases seem to belong to the same disease; for the circumstance of an inguinal hernia in one of them did not effect any remarkable change in the nature of the affection, nor even in its progress, as the ring was free, the hernia well reduced, and there was no sign of internal strangulation. It is possible, however, that the appendix of the cœcum having previously formed part of the hernia, had thus acquired its extraordinary size: I say it is possible, because, on examining the ring and scrotum, they exhibited no sensible traces of this hernia. So that these two cases, although they present some difference in their form, appear essentially the same.

In both cases, we see a man in the vigour of life, endowed with a good constitution, suddenly struck, in the midst of perfect health, with an inflammation of the most acute nature, the fatal termination of which was most rapid. In one as well as in the other there was no agony: on the contrary, a few moments before death there was an apparent improvement, with a deceitful calm.

The treatment, equally rational, was equally unsuccessful. If dissection

exhibited some difference of appearance, the essence of both was the same: the same organ, the appendix of the cœcum, affected in the same manner, and inducing death with nearly equal rapidity: in both, the whole of the appendix was gangrenous, and the gangrene extended, accessarily and in very narrow limits to the surrounding tissues, respecting the whole extent of the peritoneum, the intestinal mass, the interior of the cœcum, and all the other viscera. It seems very probable that the phlogosis of the mucous membrane of the stomach depended upon the sympathetic irritation whence arose the vomiting: this accounts for the more intense redness of that membrane in the first case, where the vomiting was more marked, at least towards the end of the disease. But how is it that the inflammation of an organ of so small a size, and of so limited an importance, could cause death so speedily without any peritonitis? This we are unable to explain. We are equally ignorant whether the affection of the appendix would be constantly followed by results as speedy and unfortunate. — *Archives Générales, Juin*, 1824.

Of the Source of Contagious Yellow Fever. By M. Audouard.

At a late sitting of the Academy of Sciences of Paris, M. Audouard read a memoir on this subject, wherein he has endeavoured to prove, by the adduction of numerous observations, that this disease, whenever it manifests itself in a contagious form, proceeds from *a particular infection generated in vessels which have been, or which are, engaged in the slave-trade.* MM. Chaptal, de Humboldt, Dumeril, and Magendie, are nominated by the Academy to report upon this memoir.

It would seem, from Dr. Burnett's interesting official report of the fever which appeared in the Bann, on the coast of Africa, and in the Island of Ascension, that that fever made its first appearance in the Bann's tender (the San Raphael, a small Spanish schooner, taken by the Bann, with one hundred and fifty slaves on board, and afterwards made into a tender, and manned with men from the Bann), and very soon afterwards in the Bann, the men of the latter having been engaged in the fitting out of the former; and that the fever was afterwards communicated by them to the detachment of marines at Ascension. We mention this circumstance as being calculated to shew that the opinion of M. Audouard has some plausibility.

Case in which the Pancreas had degenerated into a large Cyst, communicating with the Duodenum. By M. A. Duponchel, M.D.

A soldier died in the military hospital at Cadiz, in February last, after a long and obscure disease of the abdomen. On dissection, the stomach was found inflamed; and the duodenum, which adhered to a large tumour, was inflamed and of a reddish brown colour. At its posterior aspect was an opening communicating with the interior of this tumour, which occupied the place of the pancreas. Not a vestige of the glandular structure of the pancreas remained. The tumour occupied the place of this viscus, and consisted of a cyst, whose parietes were thick, of the size of the head of a new-born child, containing a brownish matter resembling coagulated blood, mixed with a broken down cerebral-like substance. — *Bull. de la Soc. Méd. d'Emul., Mars*, 1824.

Practice of Medicine.

Case of Poisoning with Opium successfully treated by Cold Affusions. By Samuel Jackson, M.D.

A girl, aged seventeen, residing in the vicinity of the Alms House, driven to despair by her hapless and abandoned condition, took the desperate resolution to terminate at once her existence and misfortunes. With this intention she swallowed, on the 31st March, two ounces of laudanum.

Several hours subsequent, application was made at the Alms House for medical aid. Dr. Gwinner, one of the resident Physicians, immediately attended to the case, and finding the unfortunate girl in a very dangerous state, had her removed into the house, and despatched a note to me requesting my assistance.

On my arrival the patient was perfectly insensible, and could not be roused from the profound coma into which she had sunk — the temperature of the skin was below the natural standard — the respiration slow and deep — the pulse slow, with rather less than natural force — the jaws were firmly fixed by the contraction of the muscles.

Dr. Gwinner had succeeded, by forcing open the mouth, in introducing into the stomach, at different intervals, 3j. sulphas zinci, gr. xv. antimon. tartar., and 3j. pulv. ipecacuanhæ, but without the slightest effect. He had also administered irritating injections, composed of aloes and jalap, but which had made no impression.

Having noticed in the London Medical Repository for the month of January last, which accidentally came into my hands a few days previously, that cold affusions had proved very successful in the treatment of poisoning by opium, I determined to give it a trial. I directed a quantity of cold water to be brought, and while the attendants held the head of the patient over a tub, I proceeded to dash on it forcibly the water from a small mug. The first affusions were not felt. The fourth occasioned a slight sobbing, which increased with each succeeding dash, until it augmented into loud cries. In less than five minutes she was able to sit up, and was partly conscious of what was addressed to her — with very slight resistance her mouth was opened, and a feather forced into the fauces. Efforts to vomit were excited, but proved ineffectual.

The sensibility of the system not being completely restored, an injection of ℥ss. ol. terebinth., suspended in ℥iv. mucilage, was thrown into the rectum, and a few more dashes of water were directed to the head. The affusions now occasioned great agitation, and in a few minutes nearly a complete restoration of consciousness. Half a dram of ipecacuanha was mixed with some water, which she immediately took. In a few minutes vomiting was induced, and the stomach completely emptied of its contents.

The patient was conveyed into a bed, and warm bricks placed under the covering. Sinapisms were applied to the calves of the legs, and a cup of strong coffee directed to be given every hour.

During the night she repeatedly vomited, and occasionally would sink into a soporose state, but from which she was roused by the attendants. The next morning our patient was sufficiently recovered to dress herself, and accompany her friends home, who were induced to take her again under their protection.

The treatment of poisoning from opium by cold affusions is claimed, in the paragraph of the London Medical Repository I have alluded to, for the editor, Dr. Copland, and Mr. Wray. Reference is made to some letters published by them in June, 1822, in the same Journal. Not having that work in my possession, I have not been able to ascertain the extent of their experience; but from the very marked and decided success that attended its employment in the preceding case, I am disposed to place great reliance on its efficacy. That the practice may be more extensively made known in this country, and additional trial be given to it, has induced me to give publicity to the above case. — *Philadelphia Journal, May*, 1824.

Case of Volvulus cured by the Employment of the Hydrargyrum.

M. Rolland has lately published a case of *ileus*, which he considers to have been occasioned by introsusception. The symptoms were extremely violent, and the vomiting of fecal matter abundant; leeches were applied

to the belly, *vermifuges* [!] administered, with glysters and baths: but all were of no avail. Nine ounces of mercury were now given in two doses, after which all the symptoms disappeared "*comme par enchantement.*"

It is difficult to explain the *ratio medendi* of the hydrargyrum, and it is extremely doubtful whether intus-susception existed: from the means which were successfully used, we should almost be induced to affirm that it decidedly was not: in the retrograde intus-susception, *it is possible* that mercury might be successful, but certainly not in the progressive: on the contrary, the mischief would in all probability be considerably increased by it; and even in the retrograde kind, by insinuating itself between the intus-suscepted portion and the intestine surrounding it, would be likely to increase any inflammation which might be existing. — *Archives Générales de Médecine, Juin*, 1824.

Large quantities of quicksilver, however, were much recommended in ileus by the older writers, and we know that it has been employed with success. We were witnesses to a case of ileus in which upwards of a pound weight of small shot was swallowed as a substitute for quicksilver, and the patient recovered. The patient was a female servant in a clergyman's family in the country; in which family we were residing at the time.

Chemistry.

On the Nature of the Free Acid ejected from the Human Stomach in Dyspepsia.

In December last Dr. Prout read a paper to the Royal Society, the object of which was to prove, that the acid usually found to exist in the stomach of animals during the digestive process is the muriatic. An acquaintance of Mr. Children, who occasionally suffers severely from dyspepsia, lately requested him to examine the fluid ejected from his stomach during a violent dyspeptic paroxysm the day before, with a view of ascertaining the nature of the free acid it contained. The following is Mr. Children's analysis of it: —

"The fluid which had been thrown from the stomach in the morning, fasting, when filtered, was perfectly clear, and nearly colourless; it gave a decided red tint to litmus paper. I distilled about six ounces of it almost to dryness, at a gentle heat, receiving the product in three separate and nearly equal portions. One-half of each portion was treated with nitrate of silver. The first had no effect on litmus paper, and scarcely gave the slightest cloud with the test. The second became slightly clouded by the test, but was equally without any action on the blue paper. The third portion reddened the paper strongly, and produced an abundant dense cloud, when I dropped into it the nitrate of silver, and a pretty copious precipitate collected at the bottom of the tube. The remaining half of the third portion was evaporated by a gentle heat to about half a fluid dram. The precipitate which a drop of it, placed on a slip of glass, occasioned with a drop of nitrate of silver, was insoluble in nitric acid, and perfectly soluble in ammonia. Another drop, similarly treated with muriate of barytes, gave no precipitate nor cloud. The remainder was neutralized with pure ammonia, further evaporated, and poured on a slip of glass; when it afforded a multitude of well-defined crystals of muriate of ammonia.

"The precipitate from the first half of the same portion by nitrate of silver, being collected, washed, and dried, fused on a slip of platina foil before the blowpipe into horn silver.

"The presence of free muriatic acid in the ejected fluid, and consequently the accuracy of Dr. Prout's conclusions, seem to be fully confirmed by the preceding experiments." — *Ann. of Phil., July*, 1824.

PART V.

POLITICAL MEDICINE.

Medical Police.

TO THE EDITORS OF THE LONDON MEDICAL REPOSITORY.

It has, I believe, been all along a special object of the Repository to extend a watchful guardianship over the interests of that class of the Profession termed the "General Practitioner." With well-grounded confidence, therefore, I solicit your attention to a subject which deeply concerns the respectability of that body, and consequently of the Medical Profession at large.

Your predecessors displayed a laudable zeal in procuring legislative enactments against the intrusion of unqualified persons into our body: but I am sorry to say they only worked by halves — they made no provision for the delinquencies of those who were already members of the Profession. Yet are the framers of the Apothecaries' Act by no means to blame for this omission. Like honest, liberal-minded men, they reasonably judged — that no one who had been admitted or recognised as belonging to an honourable profession ought to be suspected of harbouring a thought, still less of gratuitously committing an act, derogatory to that profession. Nay, they probably imagine, even now, that in reposing this confidence in their brethren they did no more than the result will justify. As to the generality of their brethren they judged rightly — their confidence has not been misplaced;—but with regard to others, and those, I fear, not a few, they have miscalculated widely: for I must tell you there are some of our order who have lost sight of what they owe to themselves, to their brethren, and to society. It would be to share in its turpitude any longer to refrain from bringing under your review, and, I hope, of subjecting to the lash of your indignant censure, a practice which I have for a long time witnessed, with grief and humiliation, amongst men styling themselves Surgeons and Apothecaries, and recognised as such by the public (I blush to say by the medical public too), who have stooped to become the partisans and abettors, the hirelings and the drudges, and the slaves of avowed and accredited impostors! I say again, I could not have given credence to this voluntary self-debasement had not my own eyes seen it, and could not my own veracity attest it. Even now, when I have beheld it, my mind sometimes clings so pertinaciously to doubt, that it requires a kind of effort to convince myself of the truth. But the words "*patent medicines*" shamefully blazoned on sign-posts — shop-windows stuffed with packages bearing the names and stamps and all the insignia of their redoubted authors and inventors — bear witness in characters that leave the mind no refuge in incredulity.*

If such things be tolerated, we must henceforward submit (and we shall deserve) to be laughed to utter scorn. For my own part, I here protest against them. As a member of the Medical Profession, I can look upon those who thus act in no other light than as practising against me the worst of injuries — the worst of insults. However, as I cannot stand forth the champion who is to

* The abuse here alluded to is the more unaccountable, as it cannot possibly have escaped the notice of the constituted "guardians of the public health." To quote a very common-place exemplification of its glaring nature, it was but the other day that we happened to pass along one of the principal streets of the metropolis, in company with one of our colleagues, when our attention was arrested by a name distinguished in surgical science on a private door, adjoining a shop (under the same roof, and forming part of one tenement in the same occupancy), upon the counter and in the window of which lay "patent" *enough* parcels of all descriptions of such rascally ware. — Edit.

run the gauntlet of those who, by their own conduct, have consented to forego their right of gentlemanlike satisfaction, I am resolved to drag them before the only tribunal open to appeal, namely, public opinion. By denouncing and stigmatizing, I trust, with your powerful aid, to succeed in destroying a system which there is reason to believe is making rapid inroads, and which, if not timely checked, threatens the overthrow of all that has hitherto been held estimable in the medical character.

Though the baseness of such a system speaks intelligibly for itself, and though, in order to unmask it in all its odiousness, it cannot, to your discriminating eye, be requisite for me to do more than simply make the averment I have done, and leave to those concerned the task of denying or disproving it if they can, yet your well-known anxiety to uphold the interests of medical science, and to preserve the purity of medical morals, induces me to hope that I shall be pardoned for going somewhat into detail on the subject. Should any one have unwarily allowed himself to be entrapped, let him reflect — the door of recantation and reparation is perhaps still open. The Profession must soon shake off its lethargy, and rouse itself to the assertion of its dignity. The public mind, too, is alive to the subject. It cannot be — it would be monstrous to suppose, that the respectable part of the medical world will much longer endure communion, or have any community of feeling or interest, with men who have with their own hands set the mark of ignominy on their foreheads.

Should there be those who do not see the matter in this point of view, and who fancy that the abandonment of principle by a few will not materially shake the credit of the whole, I would ask such whether they have ever been able to assign limits, or whether limits can be assigned, to the influence of a bad example? — whether they have ever duly weighed the consequences of familiarizing the minds of the rising generation to the practice of fraud, and of confounding all distinction between things honourable and dishonourable? Nay, supposing that from the moment these observations appear, such disgraceful courses shall stop (and I do not consider that a result unlikely), shall any one pretend to measure the quantum of evil already perpetrated? — can an apprentice entertain for a master who has pursued these worthless practices that respect which he ought? — can the sentiments which should pervade the minds of the youth educating for the Profession be of that nice and delicate texture in the breast of an individual who has seen his master retail, and has himself assisted in retailing, the unknown nostrums of men lost to every principle of honesty and humanity?

It may be all very well to talk, as I have heard some do, about abstract views and of men separating themselves in idea from the rest of their profession. But in the affairs of common life these speculative crudities have no place. Men are indissolubly identified with their professions. When the latter become degraded by the systematic profligacy of many of the fraternity, the claims to respectability which individual members may set up will be sustained but for a very short time by the world. The profession may elevate the man: the man alone can degrade the profession.

For myself, I must say that I have never read in the history of medicine, nor can it enter into my imagination to conceive any occurrence more directly calculated to reduce in effect the whole practice of the healing art to a business of the lowest knavery, and, by consequence, to ruin its members in the public estimation.

What is to be thought of that dereliction of principle, that abject servility of soul, which can dispose a regularly educated medical man to address himself for the first time (for after the first step there is no longer any difficulty — *facilis descensus averni*) to those despicable nostrum manufacturers, signifying, with all becoming deference, his wish to become an agent — soliciting a supply of goods — promising to exert himself in promoting the sale — demanding the usual per centage and allowances, with all the other items proper to so disreputable a trade? (I purposely forbear soiling the respectable pages of the Repository by inscribing the names of any of the quacking brotherhood.)

By what process of reasoning, or, I should say, of moral alienation, he can bring his head to indite or his hand to write the debasing characters, must

appear to every well-regulated mind wholly incomprehensible. To me, indeed, it appears that the professional, independent of the moral tergiversation involved in such conduct, forms a degree of turpitude exceeding even that of the fabricators themselves of those nostrums. *They* do not affect to conceal their deceptions under any guise. They follow their vocation with the daring hardihood of bravos. The public is forewarned — *qui vult decipi.* If any one is deceived, it is with his eyes open. They have the merit of plain dealing, if not of fair dealing. They sacrifice probity, it is true, but they preserve consistency of character. All classes, in carrying on business, retain some regard for the outward semblance, at least of decency; but quacks barefacedly impose — they know they are imposing, and the well-informed public know it. They court that infamy to which universal consent has delivered them over — for no axiom can be more true than this, that men who, without the slightest consciousness or hope that they are in the way of doing good, can deliberately traffic in the necessities, the comforts, the health, nay, even the lives of their fellow-creatures, must be the most unprincipled of the community.

If these are so low, what shall we think of the apostates of whom I have spoken, and am yet to speak far more than I wish? What place in the scale is to be assigned to them, who have sunk themselves below this despicable herd by bartering their honour for per centages? Compared with such, even the nostrum-makers themselves are all honourable, most honourable men.* Quacks avow themselves. They appear ostensibly, at least, as authors and discoverers of some sort, no matter how hurtful or inert their discoveries may be, and for the most part are. But the others have not even this despicable merit. They are the mere underlings of the meanest wretches, if such expression be admissible. Besides, most of the regularly recognized charlatans never knew better — and we do not look for diamonds in the dunghill. But the others have had opportunities, at least, of acquiring liberal and independent notions, and many of them must doubtless have acquired those notions. They are thoroughly aware of the fraudful system carried on by the original inventors, yet they consent to take hire of them, and to go sharers with them in duping the public; and this most nefarious trade — this open sale of reputation — goes on in articles, which may, for any thing that can be known to the contrary, be poison (many of them are known to be so), and with individuals who are released from every pledge in society to observe common honesty in their dealings, and to provide safe or efficient drugs — who, having no character to support, have none to lose, and who, in the court of honour and principle, and even of worldly morals, are a proscribed race. †

Those who thus conspire against their brethren seem but little regardful of the mortification to which they expose them, when they put it in the power of a patient to sneer at or upbraid his medical attendant. "Wherefore," might a sick man say, "do you hold forth so about professional honour, propriety, &c., and dissuade me from making trial of this nostrum, while yonder is a member of your faculty, perhaps as well educated as yourself, and held by the world to be respectable, who not only sanctions its use, but who actually keeps it for sale?" Though every honest Practitioner would be ready with a suitable answer and rebuke in such a case, yet the embarrassment which it is calculated to occasion is not one of the least of the evils incident to the practices which I am now exposing. It, however, sinks into insignificance when compared with the injury in other respects which is likely to ensue in the exercise of the Profession.

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* I have no doubt the impostors themselves must feel ashamed (if shame they can feel) of these correspondents, when they receive from them such communications in the course of trade.

† Our correspondent might have added, and in courts of justice, where of late some of these *masters* of iniquity have been properly appreciated. Let their *men* beware. We have never descended to sully our pages with reports of those who advertise themselves; but we shall consider it our duty to advertise those who pretend, on the one hand, to the professional character, and perform, on the other, the office of trumpeters and merry Andrews to quacks, whenever they are brought to account.

Did the outrage of which I complain come from without — from that worthless crew who mendaciously usurp professional honours, whatever detriment the public health, or the interests of the medical body, might suffer, we should smile with contempt at the impotent assault on our general respectability. But when the blow is not only aimed, but struck, by persons who write Physician, Surgeon, or Apothecary on their doors, who can even shew diplomas for these pretensions, and who have been deemed, at least, creditable members of our order, one instance of such procedure does more harm than the overt acts of a thousand profligate pretenders, inasmuch as the poignard of an assassin is more to be dreaded than the sword of a declared enemy.

But waiving, if you will, all discussion on the score of virtue, honour, and good faith, as sentiments that have ceased to actuate those of whom I have had occasion to speak—a moment's reflection will satisfy any one that their conduct is glaringly and flagitiously *dishonest* to those amongst us who adhere to the principles of fair dealing. I do not arrogate for the medical character more than it is entitled to, when I say that there is no profession in the acquirement of which just, disinterested, and honourable principles are more strongly inculcated, nor in the exercise of which, conduct corresponding to these principles requires to be, and, upon the whole, is more rigorously observed. You, Gentlemen, need not be told, that ours is a profession perhaps more than any other (nothing invidious is here meant, the thing being so from the force of circumstances) held together by the bonds of probity, confidence, and good faith. Were a clergyman of the established church to be seen preaching to fanatics in some conventicle; were a barrister to perform any of the drudgery of a pettifogging attorney; were a commissioned officer in either navy or army to be found carousing in an ale house with the common sailor or soldier; we all know how they would be severally dealt with. But our professional laws have not the prompt efficiency requisite to inflict summary and condign punishment for similar conduct. Yet though there be no special laws sworn to and subscribed, there exists a compact universally acknowledged, as sacred as any written statute. This compact is maintained by conscience, which keeps us true to ourselves, and preserves our relations with our profession and with society. It is upon this understanding alone that every thing proceeds. Withdraw it, and we should be left without a principle or a law for our guidance. When, therefore, an individual educated in this belief descends from his station, and compromises his principles, and the welfare of his profession, he at once breaks faith with his brethren, and violates the implied agreement to which he stood pledged. I know not what epithet would be most appropriate for him who, in private life, should tear his signature from his bond or bill to evade payment—but I know the act itself would be pronounced atrocious and dishonest.

I have heard the argument of *necessity* urged in extenuation of such conduct in those whom I disdain to call brethren or associates. If necessity may be urged, many could prefer such a plea. It should be kept in mind, that the medical profession, though in some few cases an individually lucrative, is by no means a generally opulent one. Every fraction gained by foul means is a deduction from the sum of that emolument which ought to be the fruit of honest labour and upright conduct. The same pretence, indeed, might be used with regard to the violation of every law; and, therefore, it is too absurd to be insisted on. I admit that necessity has no law; and God forbid that I should push the argument too far against any unfortunate man driven by poverty to desperation. But, I am mistaken if even in this, as in every other case, honesty do not turn out the best policy after all. However, if dire necessity force a man to the last and worst of all expedients, that of accepting a paltry premium from those whom he knows to earn their bread by chicanery, let him be consistent in his meanness, and not assume a virtue since he has it not. The least he can do, is openly to abjure all pretensions to the distinctions of which he is no longer worthy. Let him not persist in bolstering his reputation, by surreptitiously availing himself of an honourable appellation as a cloak for deception. Let him make a formal renunciation of his honours to those seminaries of learning whence they were obtained; moreover, let him cause to be stripped from his door or his sign-post the prostituted title of Doctor,

Surgeon, or Apothecary — titles from which probably most of those renegadoes derive the only importance or consideration in society which they ever could have dared to hope for, and without which they might have remained forever in a station of life that fitted them for associating with those only whose agents they have become.* But, Sir, I believe the truth will be found (in most instances at least) to be, that neither the *res angustæ domi*, nor obscurity, nor remoteness of situation, can be pleaded in palliation of these debasing and (professionally speaking) heinous offences.

The only other excuse, or shadow of an excuse, or extenuation, that can be offered for a man selling himself to the devil in this way, is ignorance, inadvertence, thoughtlessness, or want of due reflection on the nature or consequences of the act. I cannot, for the sake of my own quiet, as well as of my regard for professional dignity, abandon the hope, though a most forlorn one it is, that there are some in this predicament who, on reading these remarks, will be stung with remorse for their past errors. Let such persons only substitute the words *Quack medicines* for patent medicines, and if their conduct do not appear utterly despicable, even in their own eyes, then must their consciences be already rendered dead to the influence of every virtuous feeling. In all probability there is not one of them (I hope so at least) who would not shrink abashed and dismayed were he to witness the change. Yet they surely cannot be weak enough to imagine that there is in reality any difference — that would be to consider them fools as well as rogues. The name cannot alter the character of the thing sold, nor the disreputable calling of him who sells. If, then, they have so much compunction left, let them hasten to make the only atonement in their power to their much wronged and offended brethren, by instantly renouncing an occupation so vile and degrading. However reprehensible may be the conduct of those printers, stationers, and other agents of the villanous pack, in lending themselves to the cheat on the public, the part they take, though venal, is comparatively venial. Their advertising and vending the articles neither increase nor diminish their value. Even the common responsibility of trade does not attach to them. They are, in some measure, merely passive, though far from being blameless instruments in the hands of destroyers. The same verdict of *manslaughter* or *justifiable homicide* does not apply to Druggists or Chemists. From them something better ought to have been expected; and, therefore, although there be some honourable exceptions, it is quite clear that their readiness to become accessary to the work of plundering and poisoning, or to go hand in hand with the banditti so often alluded to, ought to be sufficient, in a future act of parliament, to exclude them from the benefit of any special clause in their favour. The regular medical practitioner, however, who sells the pernicious articles in question, must, in reason and common sense, and he will in the judgment of the public, be held as in some sort not only sanctioning their use, but virtually guaranteeing their safety. I do not know how the law stands on this head, but I shrewdly suspect that, could it be satisfactorily brought home, that one of his Majesty's lieges had suffered loss of health, or life, in consequence of swallowing any of these nostrums sold by a reputed regular practitioner in medicine, a jury would be justified in bringing in a verdict against such practitioner as an accessory in the crime. It would, I apprehend, be vain for such a person to plead the self-condemning subterfuge, that he was only a miserable agent. The person who had taken the deleterious drug, might have been induced to do so on the faith of its being safe, otherwise such a practitioner would not have sold it. If, therefore, no better motives can be found to actuate them, they would do well to bethink themselves whether they consult the safety of their necks, or their personal liberty, by continuing the discreditable employment.

I have already stated, that the practices so freely and frequently censured in

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* Let the "guardians of the public health" place a man at the door of every such person, with a pole and lantern, upon which shall be inscribed, "BEWARE OF QUACK DOCTORS."

this paper, are openly carried on in my neighbourhood. To this statement I adhere. But, Sir, I have seen, even in Edinburgh (and, for aught I know to the contrary, it may be so at this day), graduates of that celebrated university who have opened shops, and become compounders and venders of secret and professedly *quack* medicines. How such persons contrive to make their conduct in this particular square with the terms of their graduation oath, or the obligations contained in their diploma (keeping common gentlemanly feeling out of view altogether), or how the Royal College of Physicians, within whose jurisdiction, and under whose very noses these things were transacted, can justify themselves in having permitted it, is a matter best known to the parties themselves. How it is with you in the metropolis, I cannot tell.*

To draw towards a conclusion — Though legislative provisions have been framed, or may be framed, to protect our profession from the intrusion of persons unworthy of being received into it, such measures must be worse than nugatory, if, at the same time, means be not used for punishing those who find admission, and afterwards bring reproach upon it. It would seem indispensable that those whom neither the ties of honour nor the principles instilled by a liberal education can bind, should be made responsible on account of the deity whose worship they so much prefer — *lucre;* — and it is lucre of the filthiest kind.† I would suggest, therefore, that one of the clauses in any future bill should run in some such terms as these: "And be it enacted, That any regular practitioner in medicine or surgery who shall privately or publicly vend for hire, or otherwise expose for sale, *quack or patent medicines*, shall be held, *ipso facto*, guilty of degrading himself and his profession — shall be heavily fined, and be deprived of the title of Physician, Surgeon, or Apothecary, or other professional designation respectively, and shall have the word *Quack* painted on the door of his house, in large and legible characters — under the direction of the chief magistrate of the city, town, or village where the said vender may reside," &c. At the same time I must confess I would not insist much for the introduction of such a clause.

For the rest, in whatever light you or the medical profession may view this question, my mind has long been made up as to the manner of treating these illustrious patrons of empiricism and imposture. It is an unalterable rule with me never to meet in consultation, nor to have any professional intercourse or conversation with them. This determination may be thought of little moment, because the hostility of one individual is of little avail in any case. But if the rest of my respectable brethren should, as I trust they will, pursue a similar course, we shall soon see these deserters from the standard of professional honour consigned to the *black hole* of society, their appropriate abode.

You are, Gentlemen, the organs of medical opinion, guardians of medical morals, and censors of medical conduct. On an occasion which so much needs your interference, I know you will not be backward; nay, I call upon you to stamp with your severest reprobation the gross violence done to professional decorum and character by the proceedings of these men. In bringing the subject before you, a principal aim with me has been, to draw attention to it rather by stating the points strongly, than by any abortive attempts at laboured composition, of which, indeed, my theme was wholly unworthy. My observations may, therefore, appear sufficiently unmeasured and desultory.

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* We will inform our correspondent in our next number: in the mean time we beg to say, that the practice of taking the adjuration at the inaugural solemnity, and afterwards abandoning the cause which every one who does take it thereby binds himself to maintain, viz. *the dignity of the Physician*, is an abuse that will ere long be sorely felt on the part of some who have laid down their *caste*, and who will find that it is not to be taken up again. Of such Physicians, it is no scandal to say that they are perjured.

† Sacra fames (non auri, sed) æris. Such men, like those who vend oxalic acid for Epsom salt, would risk the poisoning a fellow-creature for a penny.

However, I am content to bear that reproach, and much more if necessary. Strong indignation and resentment I certainly do feel, but private pique or malevolence can have no place, because I am, *fortunately*, unacquainted with any of the persons on whose conduct I have animadverted.

I am, Sir, &c.

May, 1824. Ὁ Νοσοκόμος.*

MISCELLANEOUS INTELLIGENCE.

Table shewing the Mortality in the Wards of the Military Hospital of Val-de-Grace during Five consecutive Years (Gazette de Santé, Mai 5) : —

YEARS.	PHYSICIANS, BY WHOM TREATED.			
	M. Vaidy.	*M. Desgenettes.*	*M. Pierre.*	*M. Broussais.*
	Death. Patients.	Death. Patients.	Death. Patients.	Death. Patients.
1815.	1 in 17	1 in 19	1 in 16	1 in 11
1816.	1 — 24	1 — 22	1 — 25	1 — 19
1817.	1 — 18	1 — 20	1 — 24	1 — 14
1818.	1 — 15	1 — 16	1 — 20	1 — 12
1819.	1 — 12	1 — 22	1 — 18	1 — 8
Average Proportion :	1 in 17.1	1 in 19.4	1 in 20.3	1 in 12.4

The above results are not much in favour of the practice of M. Broussais. We are, however, ignorant how the patients are distributed in the wards of this hospital, and whether or no a greater number of acute or dangerous cases are placed under the care of this Physician.

Small-pox at Hamburgh.

The small-pox has lately made very considerable ravages in Hamburgh. The number recently in the hospital was about one hundred and fifty, and this formed but a very small portion of those affected with it. The dispensaries for gratuitous vaccination were besieged by an immense crowd of people, more especially since the last *ordonnances* published by the Council of Health and the other authorities. These *ordonnances* proclaim — 1st, That every orphan be immediately vaccinated if not already so; 2d, That no individual shall receive alms at the establishment for the poor, unless he can prove that not only he but his family have been vaccinated; 3d, That no child be admitted into the free schools unless he or she have been vaccinated; 4th, That no one be admitted to form part of the garrison nor of the watchmen unless he have a certificate of vaccination. The nearest towns to Hamburgh, in the duchies of Schleswic, Holstein, and Lavenburg, are likewise afflicted with the epidemic, and the magistrates have published edicts for opposing its ravages.

* Before we inserted our correspondent's article, we endeavoured to ascertain the probable extent to which the dishonourable and base practice of which he complains may be carried in the metropolis and its vicinity. The results of these endeavours we will bring before the Profession on an early occasion. In the mean while we may state, in evidence of the justness of our correspondent's indignation, that a very large proportion — not much less than one-third — of those who rank themselves amongst the respectable class of General Practitioners, actually practise that of which he complains, and that a very large proportion of these are either members of the Royal College of Surgeons, licentiates of the Company of Apothecaries, or have been in practice previous to the passing of the Apothecaries' Act. — EDITORS.

Medical Remains found at Pompeii.

M. Choulant * has lately published, at Leipsic, a small *brochure* on the different objects relating to the curative art which have been discovered at Pompeii. The eruption of Vesuvius under which the ancient city was buried, and in which the elder Pliny fell a victim to his ardour for the advancement of science, occurred about the 79th year of the Christian era. M. Choulant successively describes the temple of Esculapius, the amulets, surgical instruments, pharmaceutical apparatus, &c., found in the midst of the ruins. Amongst the surgical instruments were found some nearly resembling those made use of at the present day; as, for instance, elevators for the operation of trepan, lancets, spatulæ, instruments for the application of the actual cautery, &c. There has not been found one single building which could be regarded as a school of surgery or anatomical museum. Several of the houses in Pompeii have figures of the god Priapus sculptured or painted upon the walls — from an opinion, in all probability possessed by the ancients, that these monstrous and obscene figures had the power of dispelling enchantments and converting bad omens into others more favourable. The number of amulets cut *en priape* found at Pompeii and Herculaneum is immense; and M. Choulant considers that the pretended temple of Esculapius might have been only an edifice consecrated to Priapus.

Medical Dictionary.

Nothing can better exemplify the great value of works of a lexicographical nature in the various departments of science than the reception which the extensive medical dictionaries lately published in France have met with from the Profession. The largest of these works, which, although comprising an immense mass of important information, can only be considered a "*rudis et indigesta moles*," is now undergoing a translation into Spanish. Twenty volumes have already appeared, and the twenty-first is now in the press. The editors have engaged to reduce the sixty volumes of the original to thirty in the Spanish version.

Summary of Anatomy and Chemistry since 1792.

Under this head Professor Gallini, of Padua, has just published an interesting work, in an elegant style of Latinity, which comprises the improvements in anatomical and physiological science made by MM. Bichat, Cuvier, Humboldt, Amard, &c.

SOCIETY OF PHYSICIANS OF THE UNITED KINGDOM.

ESTABLISHED IN LONDON, JUNE 17, 1824.

Although medicine has been studied from a very early period, and considerable genius and learning have been employed in its cultivation, yet such is the extreme complication and difficulty of the subject, that its present state still admits of great improvement; to which, perhaps, nothing would more effectually contribute, than the intimate union and active co-operation of its professors.

Much may certainly be accomplished by united effort, which individual exertion, however well directed, is unable to effect; while, at the same time, it cannot be doubted, that whatever contributes to the advancement of medical science must, by increasing its usefulness, add to the dignity of the Profession.

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* De Locis Pompejanis ad Rem Medicam facientibus, &c. 4to. 19 pag. 1823.

Under these impressions, and considering that a great majority of the regular Graduates in Physic of this country are at present in an isolated state, several Physicians practising in London have been induced to associate, and to invite the zealous co-operation, *throughout the kingdom*, of that part of the Profession to which they belong, with a confident hope of facilitating, by these means, the accomplishment of the laudable purposes just mentioned.

It is therefore proposed that a Society be established, having principally in view the following objects: —

I. The reception and discussion of subjects connected, in any manner, with the science of medicine.

II. The combined investigation of such points, whether theoretical or practical, as are at present obscure or uncertain, and to the elucidation of which individual labour has hitherto appeared inadequate.

III. The publication of papers furnished by Members of the Society, or of those which may be transmitted to them by the Profession at large.

IV. And, in general, the effecting of whatever may tend to improve the science of Medicine, or to advance the interests and dignity of its Professors — the regularly educated Graduates in Physic of the Universities of the United Kingdom.

At a Meeting held June the 17th, 1824, at the House of Dr. Shearman,

Present:

Drs. Temple,	Drs. Clutterbuck,	Drs. Copland,
Cleverly,	Hancock,	Tweedie,
Birkbeck,	Shearman,	Roberts.
Uwins,		

It was Resolved unanimously —

I. That a Society of Physicians be established, for the purposes above stated.

II. That it be called "The Society of Physicians of the United Kingdom."

III. That the Society consist of such persons only as have actually prosecuted the study of Medicine in a University, for the period prescribed by its regulations, and who, having subsequently submitted to the usual tests and examinations, have thereby obtained the degree of Bachelor or Doctor of Physic: but Members of the London College, whether Fellows or Licentiates, admitted prior to the year 1800, are eligible.

IV. That no person be a Member of this Society who is engaged in the actual practice of surgery, pharmacy, or midwifery.

V. That a Committee be appointed for the purposes of giving the necessary publicity to these transactions; of receiving communications from the Profession; of preparing a system of laws and regulations for the government of the Society; and of performing, in general, whatever may be conducive to its interests, prior to the first General Meeting; to which they are to report proceedings, and resign their functions.

VI. That the following Gentlemen be Members of this Committee, with the power of making such additions to their number as they may judge convenient: —

Committee. — Drs. Temple, Cleverly, Birkbeck, Uwins, and Clutterbuck.

VII. That the first General Meeting take place at the House of Dr. Birkbeck, at half-past Eight in the Evening of the second Thursday in October next.

(Signed) C. J. ROBERTS, *Sec. pro temp.*

*** Communications on the subject of the Society to be addressed to Dr. Roberts, No. 20, Earl Street, Blackfriars.

MONTHLY MEDICAL BIBLIOGRAPHY.

BRITISH.

I. Appendix to the Formulary for the Preparation and Mode of Employing several New Remedies; containing the Pharmaceutical and Therapeutical Properties of the Hydriodates of Potass and Soda, the Ioduret of Mercury, the Cyanurets of Potassium and Zinc, the Oil of the Croton Tiglium, Piperine, Jalapine, &c. By Robley Dunglison, M.D., &c. Translated from the French of the Fourth Edition of Magendie's "Formulaire," published in July. Pp. 48. London, 1824.

Dr. Dunglison has given in this Appendix all the additions and alterations contained in Magendie's last edition of the "Formulaire." It is published separately for the accommodation of the purchasers of the English editions.

II. Observations on Fever. By R. Wade, Member of the Royal College of Surgeons, and Apothecary to the Westminster General Dispensary. 8vo. Pp. 83. London, 1824.

This little work conveys some hints which are calculated to be useful to students and pupils when commencing their attendance on hospital or dispensary practice.

III. Evils of Quarantine Laws and Non-existence of Pestilential Contagion; deduced from the Phenomena of the Plague of the Levant, the Yellow Fever of Spain, and the Cholera Morbus of Asia. By Charles Maclean, M.D. 8vo. Pp. 444. London, 1824.

The opinions of Dr. Maclean on the subjects enumerated in the title have been often expressed to the Profession, and not unfrequently the pages of this Journal have formed the channel. In the present work, the reader, whether contagionist or non-contagionist, as the discrepants on this subject have been termed, will find some very interesting facts adduced; all of which the author has ingeniously adopted as supports to his opinions. We shall review this Work in an early Number.

FOREIGN.

Recherches Expérimentales sur les Proprietés et les Fonctions du Système Nerveux, dans les Animaux Vertébrés. Par P. Flourens. 8vo. Pp. xxvi. 331. Paris, 1824.

M. Flourens has published in this volume all his very interesting memoirs on the functions of the nervous system. To these he has appended the experiments and inferences of M. Rolando on the same subject. The whole is calculated to interest both the medical inquirer and the man of general science. It also establishes the claims to originality advanced by this very eminent physiologist.

LITERARY INTELLIGENCE.

Dr. O'Halloran has in the press a work on — 1st, Acute and Chronic Ophthalmia, &c.; 2d, The Nature and Treatment of Remittent Fever.

THE METEOROLOGICAL JOURNAL,

From the 19th of JUNE, to the 20th of JULY, 1824.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

June.	Moon.	Rain Gauge.	Therm. 9 A. M.	Therm. Max.	Therm. Min.	Barom. 9 A. M.	Barom. 10 P. M.	De Luc's Hygrom. 9 A. M.	De Luc's Hygrom. 10 P. M.	Winds. 9 A. M.	Winds. 10 P. M.	Atmo. Variation. 9 A. M.	Atmo. Variation. 2 P. M.	Atmo. Variation. 10 P. M.
20		,$\frac{155}{30}$	52	60	53	29 30	29 30	74	89	SW	SSW	Fine	Rain	Rain
21			57	63	58	29 32	29 40	75	80	SW	W	Rain	Fine	Fine
22			60	68	59	29 43	29 40	65	75	WSW	SSW	Fine	——	——
23		,70	60	60	55	29 24	29 34	85	90	SE	NE	Rain	Rain	Rain
24			57	57	50	29 33	29 50	90	90	N	W	Clo.	——	——
25			55	58	52	29 62	29 80	85	70	W	NW	Clo.	Clo.	Clo.
26	☾		60	65	60	29 94	30 00	65	65	W	WSW	Fine	Fine	Fine
27			63	68	58	29 97	29 88	60	62	SE	ESE	——	——	——
28			58	69	59	29 90	29 84	67	65	WSW	SSW	Rain	——	——
29		,25	63	72	65	29 65	29 70	65	66	SSE	NW	——	——	——
30		,280	65	69	57	29 83	29 82	67	65	WSW	WSW	Fine	——	——
1			64	66	55	29 82	29 70	65	70	W	SW	——	Fair	Rain
2		,43	57	68	58	29 50	29 52	80	79	SW	SW	Rain	Sho.	——
3	☽		63	68	55	29 57	29 53	65	70	W	NW	Fine	——	Clo.
4			60	67	56	29 65	29 86	68	69	W	NW	——	——	Fine
5			63	66	54	29 92	29 90	63	69	WSW	SW	——	Fine	Clo.
6		,17	57	61	56	29 84	29 80	70	74	SE	SW	Rain	Rain	——
7			57	67	54	29 83	29 83	73	70	SW	W	Clo.	——	——
8			57	69	58	29 95	29 97	65	70	WSW	SW	Fair	Fine	Fine
9			60	70	57	29 92	29 85	70	70	SSW	NNW	Clo.	Sho.	——
10			65	71	57	29 87	29 96	65	64	WNW	NW	Fine	Fine	——
11	●		65	73	58	30 07	30 00	60	64	W	W	——	——	——
12			65	75	55	30 07	29 95	62	62	SW	WSW	Fair	——	Clo.
13			67	78	60	30 01	30 00	65	60	W	SSW	Fine	Fine	Fine
14			75	78	60	29 90	29 80	55	65	E	E	——	Sho.	th.st.
15		,70	63	75	60	29 86	30 00	73	70	W	W	Clo.	Fine	Fine
16			67	73	57	30 04	30 04	66	64	W	W	Fine	Sho.	Clo.
17			66	70	57	30 18	30 20	65	64	ENE	E	——	Fine	Fine
18			60	69	56	30 20	30 35	60	62	ENE	NE	——	——	——
19	☾		62	69	58	30 40	30 40	58	60	NW	N	——	——	——

The quantity of rain fallen in June was 2 inch. and 80-100ths.

NOTICE TO CORRESPONDENTS.

Communications have been received from Mr. Davis, Mr. Rolph, Mr. Snell, Mr. Holmested, Mr. Hull, and Mr. Houlton.

ERRATUM.—In the Number for July, page 29, line 18 from top, omit the words "second and third."

†‡† Communications, and Works for Review, are requested to be addressed (post-paid) to the EDITORS, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

THE

LONDON MEDICAL

REPOSITORY.

No. 129. SEPTEMBER 1, 1824. Vol. XXII.

BEING

No. IX. of a NEW SERIES.—Vol. II.

PART I.

ORIGINAL COMMUNICATIONS.

I.

Remarks on Puerperal Peritonitis. By John Davies, Esq., Member of the Royal College of Surgeons, Member of the Philomathic Institution, &c.

If a living part be pricked with a pin, it will, in a short time, begin to throb, feel painful, turn red in colour, and shew all the symptoms which we call inflammation. But the same symptoms often proceed from the application of heat, from that of cold, from the chemical relation subsisting between different bodies and living parts, from certain internal causes which have not been clearly explained, &c.; so that, in following the chain of causation, the same effect appears, at first view, to take place from very dissimilar causes. But, if we trace minutely the different steps between cause and effect, we shall find that *inflammation* is not the *immediate* effect of the application of any extraneous substance or excitant, whether heat, cold (which acts as such, although it is only the negation of heat), bodies which act mechanically or chemically, or any internal cause.

The same laws appear to pervade the universe, being only

modified according to the constitution of different bodies upon which they act. Nature consists of a great system of things; and this system is divisible and subdivisible into numberless minor ones, each being as perfect in itself as the original, and governed by modifications of the same laws. These are connected together by an universal chain, each link of which bearing a relation with those surrounding it; thus, one species of matter has an inherent tendency to approach another, and both form a coalition by mutual affection. The result of this affection appears universally to be a destruction of the properties of the original, and a change of form, consequently a change of properties, in the product.

These phenomena are as constant in living as in dead matter. The apparent difference depends upon the addition of another cause to the former, which cause consists in the principle of life. As the phenomena of bodies must be according to their elementary constitution, those of living bodies must naturally differ from those of dead substances; and the law of causation will be modified according to the primitive elements of the different forms of matter. As the phenomena of life are different from those of any other substance, its form and properties must also be different; and as its properties are peculiar, its affinity with other forms of matter must necessarily be of a peculiar kind.

There appears to be nothing peculiar in the laws which govern living parts. Their effects are analogous with those which influence all known bodies throughout nature. As the weaker cause must inevitably give way to the stronger, life will retain its affinity for the structure of bodies no longer than another cause is applied, bearing a nearer relation with one or the other; for by this application a change of form must necessarily take place in the constitution of the part. But the properties of such cause applied may not be so destructive to vital parts as to change their character so far as to render them incapable of manifesting vital phenomena; for the effect may consist merely in a modification of their structure, constituting disease, in various degrees, and of various forms, according to the nature of its causes.

Thus, the *immediate* effect of the *contact* of any substance bearing a destructive relation with living parts must inevitably be a *derangement* in the natural constitution of these parts; and this derangement becomes manifested by phenomena, which are those of inflammation in various degrees and characters, according to the nature of the cause and of the parts affected. *Inflammation*, therefore, cannot be considered as the nearest link in the chain of causation to that consisting in the relation of the matter of disease with ani-

mate matter, but the effect of the derangement produced by this relation. Any substance possessing the property of producing a change of form in the constitution of the life of a part must necessarily produce a derangement in the vital action of that part, and the next link in the chain of effects will be the phenomena of inflammation. But if the alliance be so great between the substance applied and a part endowed with life, as to overcome entirely its chemico-vital affinity, that part must instantly perish, before the phenomena of inflammation can be rendered manifest; but the surrounding parts may undergo the process of inflammation, owing to the derangement in their elementary constitution not being so great as to alter their character so far that they are incapable of producing vital phenomena. This remark may be illustrated by the effects of corrosive acids and caustic substances applied to living parts.

A derangement in the elementary constitution of a part must necessarily produce a derangement in its action, when the disease becomes an object of sense, by the preternatural quantity of blood which it contains. The derangement is also perceived by the subject of it, in the character of pain, owing to the alliance of the part with the seat of sensation.

It would appear, therefore, that inflammation is a *distant* effect of the cause of disease, and may be produced by any thing capable of producing a change in the constitution of a part. Thus, mechanical force, chemical substances, intense heat, &c., will bring on precisely the same effects.

The cause of the derangement may proceed either from without, by substances coming in contact with the body, or from within, by being conveyed along with the blood, or by the absorbents or nerves, &c.; and the cause of the derangement may consist in a certain form of matter conveyed into the body along with the food, air, or by absorption, or by its relation with the nerves; or it may consist of any substance produced in the body by a combination of elements.

Every seat has its particular alliance, owing to its modified constitution; and substances which bear a destructive relation with one seat may have no affinity for other parts; thus, one substance is related with cellular membrane, another with mucous membrane, another with serous membrane, &c.: and the character of the disease will be according to its morbific cause, and according to the nature of its seat and of the modified condition, or, in other words, predisposition, of that seat. But the disease may extend by continuity from one seat to another differently modified, as from the peritoneum to the muscular coat of the intestines; but it has generally a greater tendency to extend along the continuation of the

same tissue; for instance, the disease in peritonitis will generally extend over the greater part of the peritoneum before the other coats of the intestines become affected. This is also the case with mucous membranes; thus, the lining of the intestines is frequently found inflamed, and ulcerated, to a great extent, where the disease does not affect the middle coat. The same phenomenon is found to occur in other tissues throughout the body. Sometimes the synovial membranes are diseased, sometimes the glands, at other times the coats of the arteries, &c.; so that the same law universally obtains, that a substance which acts as a cause of derangement to one modification of seats, may not act as such to other modifications.

An increased attraction of blood to a part is generally the immediate result of a derangement of its constituent elements; but when the derangement is universal, as in general fever, the blood must be equally diffused over the body, so that the usual symptoms of derangement, constituting inflammation, are absent. Pain, however, which is the chief indication of disease, is present in general derangement, and the sanguiferous and nervous systems obtain an increased irritability, manifesting symptoms incompatible with those of health.

It appears very improbable that an increased quantity of blood can be the original cause of disease in any seat; for that seat must deviate from its healthy state before it can receive more than its due share in the course of the circulation. If the arteries were passive tubes, every vessel must receive a quantity of blood in proportion to its capacity, whether the part which it supplies be under a state of disease or not; for, even admitting the heart itself to be affected, the same effect must ensue. Before a vessel, therefore, can obtain more than its share of blood, the part which that vessel supplies must have undergone some change in its constitution, producing a derangement of its organic elements.

But a preternatural quantity of blood may act, in its turn, as a cause in keeping up the diseased action in the seat of disease. It may do this by its mechanical relation with the deranged structure, or by supplying nourishment to the morbific cause, if it contain the same properties as it did at the commencement of the disease. Caloric will act in the same manner. When a part is injured its heat is increased before redness appears, so that an increased heat does not necessarily depend upon an increased quantity of blood. The increase of heat depends probably upon the change of arrangement which takes place in the elements of the part, in consequence of the injury; and this may assume the agency of a cause in keeping up the diseased action.

From this view of the subject, therefore, it would appear that inflammation is not the disease, but the phenomena or symptoms by which the existence of disease is known; and as it constitutes the symptoms of diseases depending upon such varieties of causes, the nature of the disease cannot be known from the phenomena of inflammation alone.

As inflammation, which constitutes the most prominent symptoms of disease, is not a sufficient proof of the nature and character of different diseases, it is necessary to endeavour to find out some criterion by which the character and tendency of particular diseases may be known, in order to adapt our remedies for their cure.

Our knowledge of disease, as well as of most other things, depends upon experience. We judge of the character and tendency of a disease chiefly from the seat which is affected, and our practice in its cure is grounded upon our previous experience of disease of the same seat. The same tissue is generally similarly affected, provided the state of the constitution be similar. This may be owing to the same tissue having an affinity with substances possessing similar properties, capable of producing a derangement in its constitution.

The next criterion by which the character and tendency of a disease are known, is the effects which it produces on the system at large; for instance, the state of the pulse, tongue, bowels, nervous system, &c., and the proportion which the pain in the part affected bears to the general derangement of the system.

The character of disease is also manifested by the form which the diseased part assumes, and the pain attending it, regarding situation and time.

But it will appear evident that all this knowledge of disease depends entirely upon our previous experience, and upon the analogy which is founded on that experience. We compare the present disease with similar ones which we have before observed, taking into consideration its particular seat, form of the diseased part, state of the system, and other circumstances; and we pronounce the tendency of it according to that of former affections of a similar character.

The curative principle of disease is indicated by its pathology. Let it be understood that the present remarks relate to acute disease, as the subject under consideration is acute peritonitis. There are but few sub-acute or chronic affections, however, which do not come within the grasp of these remarks.

Acute inflammation, then, may depend upon some mechanical body exerting its agency to the destruction of the

natural arrangement of the constituent particles of any part; or it may depend on a substance bearing a chemical alliance with some of its particles; or, lastly, it may proceed from any substances having a vital alliance with the principle of life, which must tend to modify its form. The second and third instances may be considered as depending upon different modifications of the same law, the difference in character depending upon the different forms of matter constituting the causes of the disease.

Except from stabs, blows, &c., it is probable that acute peritonitis, in almost every instance, owes its origin to a change of arrangement in the constitution of its seat, either in the department of life or in that of the structure, or partly in those of both; and that this change is produced by a mutual affinity of elements. Indeed, Nature appears to have formed her means upon very few and simple plans. We find that all the changes which take place in the constitution of things depend upon mechanical, chemical, or vital means, or upon a combination of these; but each of these is modified according to the constitution of bodies. Among the vital phenomena may be classed those of electricity, light, heat, and all those, the causes of which are not objects of sense. Puerperal peritonitis may, it is true, in some instances, proceed from an injury done to the peritoneum during labour; but that species of the disease which is frequently found epidemic does not appear to depend upon a mechanical cause; for it is quite as liable to succeed easy and natural labours as those which are attended with difficulty.

The curative object, therefore, consists in re-establishing the natural arrangement in the constitution of the seat of disease, by the interposition of another cause bearing a stronger affinity for the morbific matter, than the affinity which this matter bears for the living parts.

The above object can only be obtained from previous observation and experiments. All our knowledge of the force of different chemical agents proceeds from the same source; for instance, no one could tell, *à priori*, that sulphuric acid has a stronger affinity for soda than for magnesia. It is precisely the same with respect to disease. What has done good in one instance of disease must do good still in another instance of the same kind, provided that the state of the system is the same. The three grand points, therefore, are — 1st, a knowledge of the character of the disease; 2d, a knowledge of the state of the system; and, 3d, a knowledge of a remedy which did good in such a disease and such a state of the system.

It has been already observed, that the character of a

disease is chiefly known from the nature of its seat, &c.; thus, an acute disease of the peritoneum generally bears the same characters; so does that of the liver, pleura, mucous membrane of the intestines, &c. The difference in the character of, apparently, the same seat, I believe, chiefly depends upon the different tissue of that seat being affected; for instance, the affection may principally occupy the mucous glands, the absorbents, the coats of the arteries, the veins, nerves, &c., separately, and the phenomena of the disease will be accordingly. But, if a disease, as puerperal peritonitis, takes place always from a similar cause, when the system is under a similar influence, &c., there is reason to infer that the same tissue is affected in every case, especially as the phenomena and tendency of the disease are always nearly the same.

The state of the system may be partly known from its external appearance, from the state of the pulse, tongue, bowels, nervous system, &c., founded upon our previous experience of it in its natural and diseased state.

But the main object is to bring the system, and particularly the seat of disease, to that state which is most compatible with the performance of healthy action; and our knowledge of the remedy for this purpose must depend entirely upon our previous experience, or upon analogy.

Having offered these few remarks, which are immediately connected with the subject in question, however imperfect they may be, I shall now proceed to consider inflammation of a particular seat, which is the peritoneum.

Practitioners are of different opinions respecting puerperal fever being contagious or not. I have no room in such a confined space as this paper must necessarily allow me, to bring into contrast the arguments maintained on both sides, nor to offer many remarks myself; but I may be allowed to say, that I entertain no doubt of its being infectious. In the autumn of 1822 and the winter following, twelve cases of the disease occurred in my own practice, where my medical friends in the neighbourhood did not meet with any, or, at least, very few. I could attribute this circumstance to no other cause than my having been present at the examination, after death, of two cases, some time previous, and of my imparting the disease to my patients, although I took every precaution to prevent that.

Out of the twelve cases mentioned, three of the patients died, although the antiphlogistic plan, in the form of bleeding, purging, leeching, blistering, &c., was tried to its full extent. Sedatives, also, in every form, were tried, with the intention of allaying the pain and the irritability of the system attending

the disease; but in these cases the disease progressively gained ground, and the patients ultimately died. I had often witnessed, both in my own practice and in that of others, before that, the same plan of treatment pursued with very little better success; but as every other plan had been as unsuccessful, and perhaps more so, I had no alternative but to pursue the same still, or to try some new remedy in the form of experiment.

I have, in a number of instances, seen bleeding to its very fullest extent tried, followed by purging with calomel, salts, &c., yet the disease, in seven cases out of ten, gained ground, and ultimately killed the patients. I have also had an opportunity, at different times, of examining fourteen cases after death; and the appearances in all, one excepted, were similar. These appearances were, a high degree of inflammation of the peritoneum, especially that portion of it covering the back part of the uterus and front of the rectum; from a pint to two quarts of sero-purulent fluid in the bag of the peritoneum; an adventitious membrane formed on the surface of the peritoneum, glueing the intestines together in one mass; the substance of the uterus, in some cases, almost in a state of gangrene; sometimes the mucous coat of the intestines inflamed; and the arachnoid membrane of the brain inflamed in some cases.

The case alluded to above did not belong exactly to myself, I therefore do not feel myself at liberty to give the history of it; I may be allowed, however, to notice, that the coats of the arteries appeared red throughout, which made us suppose, then, that we had found out the seat of the disease; but I have, several times since, found this appearance of the arteries in subjects who had died of chronic diseases; it can, therefore, have no connexion with puerperal peritonitis in particular.

As this is only intended as a sketch of the nature and treatment of peritonitis, it is unnecessary to enumerate particularly the symptoms of the disease, its exciting causes, &c., with which every one is acquainted. I shall, therefore, proceed to notice the plan of treatment which I have found, *as yet*, invariably successful. I am far from thinking that any plan of treatment will succeed in every case; because there are frequently peculiarities to be found in different cases, depending upon various causes.

I had been, for some years, in the habit of treating common peritonitis, after one good bleeding, with calomel and opium, given in pretty large doses, and repeated every two or three hours, till the gums became affected; and I can confidently assert, that since I have used that plan I have only lost one

patient. In this case the remedy had no fair trial, otherwise I have reason to believe that it would have proved successful. The reason which induces me to think so is this: I was called to this patient, a female, on the second day after the attack. She was bled, and took three or four doses of calomel and opium, which made her breath smell rather mercurial; but there was no decided affection of the gums. At this time the pain had very nearly left her; and considering herself getting better, and being of a very miserly disposition, she dismissed me, and would take no more medicine. The third or fourth day after this, I forget which, I was sent for again to see her. I found, upon inquiry, that the pain returned in about twelve hours after she left off the medicine, and that she had been getting worse ever since. The abdomen was now swelled quite hard; the bowels had not been open for two days; she had continual sickness, and all the symptoms of approaching death. I resumed the use of the calomel and opium, administered clysters, &c., but she died in about six hours after I was called in the second time.

Considering the analogy between the appearances after death in common and puerperal peritonitis, and having found the antiphlogistic plan of treatment generally fail in the latter, although very strongly recommended, I was induced to try the mercurial plan; and I can confidently say that I have found it equally successful in the one as in the other. As soon as the gums became fairly affected, the disease invariably gave way. I have tried this plan with bleeding first, and without bleeding, and I have found it to answer both ways; but when bleeding is premised, the gums become sooner affected by the mercury, and the disease, of course, sooner gives way.

Bleeding acts very beneficially in another respect; that is, it almost always relieves the pain for the time. I have observed this very particularly in every case where it was carried to a sufficient extent; nevertheless, the disease appeared progressively to gain ground, and the pain returned in the course of four or six hours, unless it was followed up by mercury.

A second, third, and fourth bleeding, or leeches, will relieve the pain just the same as the first, but it appears to give very little check to the progress of the disease. I have seen, in two or three instances, the patients perfectly free from pain for eight or ten hours before death, after repeated bleedings; but the degree of pain does not, by any means, in this disease, indicate the tendency of it.

I have tried this plan of treatment in nine cases successively, of puerperal peritonitis, with the best success. In

seven of them bleeding was premised, and these appeared to get well sooner than the other two, owing, I conceive, to the mercury producing its effects quicker; because, when the gums became affected in these two, the disease immediately gave way. Since that time it has been tried in several cases of common peritonitis with the same success.

After bleeding pretty largely, five or six grains of calomel, combined with a grain of opium, should be given every three or four hours, till the gums become decidedly affected. The calomel then should be reduced in quantity, or substituted by the blue pill, or, in some cases, left off altogether. The object in view is to keep the system slightly under the use of mercury for a few days. As soon as the pain has given way, and the mouth become a little sore, the patient may take a slight tonic, such as infusion of calombo with a little nitre dissolved in it. The bowels should be kept open by clysters till the mercury has affected the system.

I have in some cases used leeches, and in every case a large blister to the abdomen or to the loins. It is very probable that, in abdominal and thoracic inflammations, blisters would be more beneficial if applied to the back part of the body than to the front of it, as they would determine the blood to vessels which take their origin from the same trunk as those which go to nourish the inflamed seat.

The effect of mercury is not so decided in inflammations of the other serous membranes as in that of the peritoneum. I have tried it in pleuritis, and found that it cannot be trusted to without bleeding more freely than it is necessary to do in peritonitis; but, after bleeding largely at first, mercury appears to do more good than any thing which I have seen tried. This difference in effect depends probably upon the inflammation extending to the substance or parenchyma of the lungs, obstructing the course of the blood; which renders it necessary, therefore, to diminish its quantity.

In arachnitis, consequent on the measles, in children, it has been given largely, aided by leeches, cold applications, blisters, &c., but with very little success. It should be mentioned, however, that I never could get the gums of children affected with it, nor could I perceive any mercurial smell of the breath in these cases. I have reason to believe, however, that if it were carried to a sufficient extent in inflammation of the arachnoid membrane, it would prove beneficial, from some cases which I have witnessed. *In croup it may be reckoned as a specific,* although the seat of disease is a mucous membrane. But to return —

Bleeding has been generally employed for the cure of acute disease; and perhaps it *does good* in most instances;

but it is evident enough that it cannot be depended upon for the *cure* of many inflammatory diseases. The same remark will apply to purging, antimonials, digitalis, and the rest of the remedies which are called antiphlogistic; and perhaps to every single remedy or class of remedies; because the derangement must be according to the constitution of its seat, and of the morbific cause which produces that derangement.

Bleeding will do good by removing a part of a mechanical cause of irritation, by diminishing the quantity of blood going to the diseased part; but, whatever quantity of blood be removed from the system, the diseased seat will still attract more than its due share. Taking away blood may also be the means of removing from the system a part of the substance which gives nourishment to the disease, or a part of the morbific matter which may be combined with the blood; but it must take away in proportion the nourishment of life. As the natural tendency of a living body, however, is to health, it is probable that the abstraction of blood will reduce the quantity of the morbific matter in a greater proportion than it will reduce that of life; or, in other words, the remaining portion of life may become replenished in a greater ratio than that of the morbific matter.

In this view of the subject, therefore, bleeding will be of service in all cases of acute disease; and perhaps in all cases of sub-acute and chronic disease, when the blood is taken from the part affected. Purging, blisters, warm bath, &c., will tend to the same effect, only in an inferior degree.

It is desirable, however, to find out a remedy capable, by its affinity, of altering the form of the disease, without depriving the system of a large portion of its life. Experiments and observation on every disease, and on diseases connected with particular seats, are the only means of obtaining that object.

Health and disease are to be considered as a part of the phenomena of Nature. Their laws are the same in kind, only differently modified, as those which govern all the material world; and they form a part of that universal chain of causation which binds together all the works of creation.

It is necessary to observe that the pain, in puerperal peritonitis, will generally, and perhaps always, return after bleeding, before the mercury produce its effect; but, as soon as this point has been gained, it will give way again. I have disregarded the return of the pain in every instance, further than the application of a blister; and persisted in the use of the calomel and opium with the greatest confidence. The dose of the calomel, as well as that of the opium, must be regulated according to circumstances. In some cases of

violent peritonitis, unconnected with the puerperal state, I have given as much as half a dram of calomel, combined with three grains of solid opium, for the first dose, and followed it up by five or six grains of the former, and from half a grain to a grain of the latter, every three hours, till the gums became affected. In these cases the patient should be seen every four or six hours, and the effects of the mercury watched very narrowly. It should be discontinued immediately, or, at least, very much reduced in quantity, when the gums begin to feel sore, and when the breath is found to be strongly tainted with it, otherwise it may bring on a violent ptyalism.

When calomel and opium are combined, the purgative property of the one, and the stimulating property of the other, are destroyed; and their effects on the system are very different from those of either, singly administered.

It is not advisable to pour any cathartic medicine into the stomach, in peritonitis, during the administration of the calomel and opium; but clysters may be given. In several instances, where the bowels had been so constipated as not to produce an evacuation for several days, in spite of the exhibition of purgatives in every form, I have seen them become relaxed immediately on the mercury affecting the gums; and the abdomen, which was before hard and tumid, indicating every symptom of fluid in the peritoneal bag, has been observed to soften and to assume its natural state under its use.

It is far from being my intention to contend that mercury will be found to cure every case of peritonitis; but so far as I have witnessed its effects on that disease, which has been in a great number of instances, I have reason to speak very highly of it.

It will be said that it has been tried before, by men of great talent, and found not to answer the purpose of curing the disease. It is true that calomel has been used in large doses as a *purgative;* but I am not aware that it has ever been used unsuccessfully when combined with opium, so as to mercurialize the system. Its curative properties, in peritonitis, do not depend on its *purgative* quality, but upon the change which it produces in the constitution of the seat of disease. Further experience must prove whether these remarks be correct or not. At present I have every reason to possess great confidence in the plan of treatment above described; and I sincerely hope that no one will condemn it before he has given it a fair trial.

Tottenham Court Road, July 8, 1824.

II.

Dissertation on the Fever of Guinea, preceded by the Medical Topography of that Country. By the Chevalier Isoard, Doctor of Medicine of the Faculty of Paris and of Göttingen; Ex-Inspector-General for the Service of Military Health; Member of the *Société de Médecine Pratique* of Paris, of the Asiatic Society of the same place, and of the *Société Académique de Médécine* of Marseilles.

"Morborum quorundam caussa et origo natura est, quoties sub iniquo sidere quisquam nascitur, atque in se cœli tormenta recepit."
Palingen. *Zodiac. Vet.* Lib. V. v. 761.

The immortal Hippocrates, whose genius laid the foundation of medical science, was the first to remark that it was not *in* man we should look for the causes of the greater part of those diseases which threaten his existence: this important idea, which has at the present day become a common truism, gave rise to the valuable Treatise on Water, Air, and Localities, which may be considered as an introduction to the medicine of every people and of every age; for medical topography, of which Hippocrates has traced the principles and rules, must be regarded as the chief study of the Physician who feels the necessity of tracing the source of the disease which he wishes to treat successfully.* In fact, the air which man respires, the water which he drinks, the places which he inhabits, contain the principles of his preservation and the destruction of his being, and exert over him a direct, continued, necessary, and inevitable action, which incessantly modifies the laws of organism. It is therefore to these agents, whose effects undergo no intermission, that are owing the majority of the pathological phenomena presented by nations and individuals. But if it be difficult for man, continually placed in the midst of these always acting powers, to preserve his existence for a considerable length of time, without experiencing some morbid affection, or without contracting some infirmity, to how many evils is he subject when fate or particular circumstances consign him to the influence of an atmosphere agitated by considerable and incessant commotions,—or doom him to a burning and deleterious soil, which dries up the sources of his existence! Here the connexion between cause and effect becomes more

* "Qui artem medicam rectâ investigatione consequi volet, is primùm anni tempora, ventos, et aquas, in considerationem adhibere debet."—*De Aer. Loc. et Aq.* cap. 8.

circumscribed and manifest; and when a correct knowledge of the one may powerfully serve as a preventive or check to the other, I do not consider myself as exceeding the limits of my subject, by premising, before the description and mode of treating the disease which is the special object of this dissertation, a topographical and meteorological picture of the country where the pestilence exerts its ravages.

MEDICAL TOPOGRAPHY.

The coast of Guinea commences at the river Senegal, traverses a space of 500 or 600 leagues, and, sometimes mountainous and occasionally sandy, is intersected by several large rivers. Towards the interior the soil is every where covered with immense forests. It was in the kingdom of Dahomy that I principally resided, and where I had afforded me the opportunity and means of observation, as well as the collection of facts and details which I here propose to offer on the rest of this extensive country.

The town of Grégoi, where I resided, is the most considerable settlement on this coast: it is situated in 5° 6′ N. lat., two leagues distant from the sea, upon an island formed by the river Jakin. The soil is sandy, flat, and smooth, on a level with the country surrounding it, and of which it doubtless formed a part, before the waters of the river had separated them: the houses of this place, built of mud, and covered with palm-leaves, appear to be raised on an immense plain, where it would be difficult to find a single stone in a radius of more than thirty leagues in extent.

The view of the sea, observed from the town of Grégoi, presents a phenomenon very worthy of attention, and which, perhaps, may have some influence in the developement of the disease which is about to engage our attention. The waters of the sea seem elevated and suspended above the land, which may be said to be menaced with an inevitable inundation. The ships at anchor off the bar seem hovering in the air, and at a great height above the plane of the coast; and the spectator is seized with wonder and astonishment at the sight of this mass of water, which seems to be arrested by a bank, considerably beneath its level. Ought this phenomenon to be attributed to mirage, or are the waters really elevated towards the equator, and kept in their state of congestion by particular laws? However it may be, from the sun shedding upon this coast torrents of light and caloric, a considerable evaporation of the waters of the sea must be the result of such locality, and occasion important modifications in the atmospheric character.

Towards the north of the town of Grégoi, and at a trifling

distance from it, immense forests are situated. Desirous of accomplishing a project which I had formed, of dipping into the interior of Africa, and following the direction from south to north, in order to mount towards the desert of Nigritia, I traversed one of these forests, which reaches, almost without interruption, for a space of seventy leagues. The traveller here passes, in a winding direction, through the thickets of bananas, the orange and the cocoa-tree, which afford him an agreeable and wholesome aliment. The palma Christi and the tamarind, useful in more than one morbid affection; the vast ceiba, the cotton-tree, the boaba, the *capot* which serves in these countries for the construction of canoes; and three species of the beech, the fruits of which are agreeable to the taste: — all these colossi of the vegetable kingdom give to these forests an imposing and majestic aspect.

A prodigious quantity of birds inhabit these woods. The parrots are here numerous, and their plumage of the most brilliant colours. Poultry, partridges, and pheasants, are very common; the *sobi*, with an orange-coloured head and green body, more particularly remarkable for the affection which it bears towards its species; *l'oiseau à couronne*, distinguished by its tuft, long tail, and the ten colours which embellish it; and the *comma*, a small bird, with a green neck, red wings, and black tail, deserve to be cited. I should also not forget the *vidua emberiza*, of slender shape and velvety black, whose male carries a tail of from ten to twelve inches in length, although the size of its body does not exceed that of a canary. The negroes dread the plaintive and lugubrious song of the *kosifou* — a black bird, which, according to them, always announces misfortune; and the *joua*, whose nest is respected by the inhabitants, from a persuasion that he who breaks its eggs will soon lose his children.

The quadrupeds are not in less quantity. The elephant, the hippopotamus, the buffalo, the bison, the wolf, an incredible number of apes, leopards, lions, tigers, &c., inhabit these sombre asylums. Frequently it is not without danger that their domain is invaded, and more than one traveller has paid dearly for his curiosity.

Lizards and serpents are likewise very common; and the multitude of grasshoppers, caterpillars, crickets, worms, and ants, which infest this climate, is almost incredible. The bats are of an enormous size, immovable and in clusters; they remain the whole day suspended to the trees, and recal the image of Virgil: —

"Sentis uvam demittere ramis."

Two seasons divide the year in these regions — winter and summer. During summer, the six months of which begin in October and end in April, the heat rises in the shade from 30° to 40° Reaumur * (from 100° to 127° Fah.), which gives for the heat of the sun 57° (161° Fah.), according to Ligning. The temperature of the six other months (which are considered the winter season in consequence of the frequent rains which fall during this period), although hotter, is not so constant; and it is not unusual to observe it suddenly vary during the day as much as 23° : a transition which impresses the natives with a feeling of very bitter and scarcely supportable cold, whence, doubtless, arise suppressions of perspiration, which contribute not a little to the production of those diseases which reign at this period of the year.

The difference of the seasons, however, is but very trifling in these countries, from which the sun is always equidistant, which occasions, almost the whole year, the days to be twelve hours long : hence the uniformity which is remarked in these burning regions. It will be easily conceived, that in such a climate the days must be scorching and the nights cool and moist; whence result, as in Egypt, obstinate ophthalmiæ, tetanus, ischuria, &c.; and probably this is a cause of the fever of Guinea, which is one of the most dreaded scourges of the country.

Placed in this imposing and agitated scene, where Nature unfolds all her strength and energy, man demands our particular attention, and becomes the principal object of our physiological and moral study.

The views of the Creator regarding human nature are here manifested in a special manner, as respects the first means and principle of its existence — nourishment. Destined to form the summit of the scale of organized beings, and to distinguish himself amongst them as citizen of the world, man would not be able to fulfil this noble destination were he not omnivorous — a faculty which, by rendering fit for him every nutritious substance, gives him the possibility of existing in every place and in every latitude. It is, perhaps, in the torrid zone that he exercises this faculty in the most remarkable manner, and in one the most useful for the preservation of his days. Guided by instinct or instructed by reason, he feels that, in the midst of the atmospheric constitution which surrounds him, a diet wholly

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* Our correspondent here states the range of temperature to be higher than we are disposed to admit. We, however, give it as we find it in his manuscript. — Editors.

animal would be noxious, and that the vegetable regimen should predominate. Nature, always attentive to the perpetuation of the species, has provided for this want. She has, with a wise and liberal hand, ordered those fruits to spring up from the soil which are the best adapted to the climate, by their chemical qualities; and the most fit, by their exquisite flavour, to excite and keep up the taste of the inhabitants. The cocoa, the lemon, the orange, the banana, the palm-tree, &c., are here spread abroad in profusion, and form delicious groves, in the midst of which the vast ceiba and the baoba, these giants of the forest, elevate their majestic heads. Here the indolent African, seated under an *ajoupa* of foliage, breathes the cool air, and passes his days without ennui, desires, or ambition. Content if he finds an agreeable and nutritious article of diet on the flexible branch of a banana, he disdains all nutriment which costs him the slightest trouble, or which, by the fatigue of culture, would expend and exhaust the strength which he should preserve entire in order to oppose the effects of his burning sun.

Idleness prevails in these countries. The culinary art has made but little progress amongst them. It is confined to broiling some articles over the fire, or to garnishing them with the leaves of the *gombo* or *kalalon* (*katmia Braziliensis*), the pimento, and the oil of the palma Christi.

Under this torrid sky, the flower succeeds without interruption to the fruit: generation invites fresh generation; each animated being seeming only to exist for the perpetuation of its kind. The females are here nubile at an age when, in Europe, they would not have emerged from their childhood. It is very rare for them not to exhibit signs of puberty at nine years: the marks of untimely age are also soon impressed upon their foreheads: at twenty years they have lost all their charms, and at forty they approach caducity. The men pretty nearly follow this rapid march of increase and decay, which circumscribes their existence in very narrow bounds.

The young people of this country have a pulse more rapid than in our climates; I have rarely found it in individuals lower than one hundred pulsations in the minute: but a strongly-marked preponderance of the venous over the arterial system soon occasions considerable changes in their organization.

Twin cases,* laborious and preternatural accouchements,

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* This has doubtless given rise to the popular opinion respecting those who bring forth twins: they are considered adulteresses. Jealousy is, however, here a sentiment so foreign to them, that

are very uncommon: the women are delivered without any assistance, often at the foot of a tree or in a field, whence they frequently proceed to plunge with their infant into a river, or to wash themselves in one of those hollow wells in the sand, which are so numerous in this climate.

The fecundity of women insures them public consideration: barrenness covers them with shame and contempt.

The inhabitants of Grégoi go naked; they have no other vestment than a small apron, which divulges rather than hides what modesty points out to be concealed. The principal persons, however, of the country, after the example of the king, envelope themselves in a long piece of stuff, which they suffer to fall as low as the knees: this is also the only habiliment used by some privileged females, which they contrive to arrange with sufficient taste to give it an appearance of elegance.

Games and dancing comprise the amusements of the inhabitants of Grégoi: on certain occasions they dance whole days and nights, during which they take but a very short repose: the *bamboula* and the *tamtam* are their favourite instruments. These are two species of drums or kettle-drums, the rough sound of which, united to the singing of a thousand voices, animates the dance.

They find here in music a pleasure of which they are passionately fond: the most trifling thing becomes the subject of a song: they accompany themselves on a species of tetracord mandoline, which is composed of the half of a calabash, placed on a board, over which the strings are stretched.

Circumcision, which in Africa remounts to the highest antiquity, is generally adopted in the states of Dahomy: not as a point of religion, but merely for cleanliness.*

The children are idle and neglected; and run in troops about the fields with extreme agility.

The religion amongst these people, as amongst the greater part of nations, is a tolerably faithful image of their intellectual and social state. A serpent, called Daboué, holds the

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husbands suffer with the greatest indifference an affront which is reputed as the most enormous offence in other climates: the young females feel no restraint; every thing induces them to follow their own inclinations, or the law of the senses; and instinct, or the secret power which impels the sexes to approach each other, throws aside every obstacle to their reproduction.

* This is the principle on which it was performed amongst the ancient Egyptians, according to the testimony of Herodotus, lib. xi. cap. 37. See the Notes of the learned M. Larcher, tome ii. p. 245, second edition.

first rank in the zoolatry of the kingdom of Dahomy : it is carefully kept in a cottage, which serves for a temple. Its high priest (*hoadanou*) is charged with what may be presented to it, and forty priestesses engaged for dances, which are scarcely decent, and performed at different periods in honour of the deified reptile.

Human sacrifices are still in use amongst this savage and superstitious people. Every year, in the month of June, a considerable number of human victims are immolated : they are thrown together into a large hole, excavated near the town of Aclamina, the capital of the kingdom, and as much brandy is cast into this vast ditch as the richness of the monarch will permit, without injuring the long orgies with which the feast is accompanied : for with these rude people there can be no feast, no pleasure, without brandy.

These stupid adorers of the serpent *Daboué*, nevertheless, acknowledge two occult divinities, the sources of all things : the one beneficent, whom the natives call *Gnencounpoun ;* the other mischievous, whom they call *Aboinsoun*, and confound with the thunder, which they consider is perhaps only his attribute.

The former of those divinities, being propitious and incapable of committing injury, is not worshipped ; the other, to whom they attribute all the evils which afflict the human species, is the only one to which they pray, and to which they offer their odious and impious sacrifices.

The laws and government, which are the source of social life, exercise so considerable an influence over the moral faculties,* and through them over the physical, that I cannot pass on without saying a few words on the political regime under which these people live.

This regime is simple, but frightful : it is despotism without bounds.

A master and his slaves, terror kept up by the continual example of punishment, is the sole spring of the government. A suspicion, a whim of the despot, causes, at his orders, at his nod, the loss of the heads of his subjects : the insignia of death are for him the emblems of royalty ; and his palace, decorated with human crania, incessantly calls to the mind of the people " the powers that be." There is no interval to cruelty : the blood flows even at the feasts. Depravation, the sad effect of despotism, has impressed them with a feeling of horrible pleasure at the sight of the pain and convulsions of death. The rejoicings, or rather the orgies which barbarism and slavery prepare for the sovereign, are always

* Hippocr. de Aer. Loc. et Aq. cap. v. sect. 86.

accompanied with the punishment of some unfortunate individuals, whose heads are struck off in order to complete these odious and terrible enjoyments.

Men, thus prostrated at the feet of an implacable and savage master, trembling at his look as at the sight of the executioner who menaces their days — buried in the most stupid and degrading slavery, without security for the present or hope for the future — deprived of all intellectual culture, and seeking in excesses the forgetfulness of their evils and of the yoke which oppresses them — such men easily receive impressions, contract moral habits which react powerfully on their physical constitution, and occasion morbid affections, unknown amongst civilized people who are governed by wise and protecting laws.

It was amongst these barbarous regulations that the chances of war cast and retained me for nine months, and that the disease, of which it remains for me to trace the history, fell under my observation.

PART II.

OF THE FEVER OF GUINEA.

General Considerations.

The fever of Guinea is a combination of the meningo-gastric fever of Professor Pinel, and of the yellow fever which ravages the Antilles and different portions of the globe. I have had an opportunity of observing it in several Europeans and Africans, and the disease has always preserved a very distinct character. Its march is rapid, and the symptoms excessively severe, especially in those of a strong and vigorous constitution: the lymphatic temperament is less subject to it, and those of this temperament who are attacked with it are not so liable to a fatal termination.

In the natives this fever is so rapid in its progress, that there is scarcely time for observation: in this it differs from the yellow fever, the symptoms of which, at the Antilles, manifest themselves with greater intensity and rapidity in Europeans than in the natives: here, on the contrary, amongst the whites it is protracted beyond the first *septenaire*.

It is difficult to explain the cause of this difference, unless we have recourse to the stupidity, ignorance, or superstition, which governs these people. An African of these climes, should he fall sick, prefers nourishment to the purchase of his life by a strict regimen: this absurd obstinacy would seem to prove, that when the reasoning faculties of man are yet in their infancy, they are frequently a less correct guide to him than the instinct of brutes.

The ignorant and savage African, judging of the prostration of his strength occasioned by disease, as of that occurring in a state of health from exercise or fatigue, probably considers that it may be remedied by the same means, and has recourse to nourishment; whilst the animal, yielding to the dictates of nature, rigidly abstains from it. Perhaps, also, the credence in metempsychosis, which forms the foundation of the belief of these people, inspires them with sufficient contempt for life, not to be desirous of purchasing it by the deprivation of any enjoyments.

Whatever may be the motive of their conduct under these perilous circumstances, it must be acknowledged, with sorrow, that it has been impossible to make them understand the valuable advantages of a proper regimen, and to hinder them from gorging the sick, at the onset even of the disease, with food the most contrary to their condition. Is it, therefore, astonishing that a disease, which, under the best-understood treatment and most anxious attention of the Practitioner, makes so rapid a progress, should carry off in a short time the greater part of those who are attacked with it?

Like the yellow fever, the fever of Guinea becomes more prevalent as soon as the sun has reached the tropic of cancer, when the winds blow from the south-east; and diminishes in September and October, without, however, wholly ceasing on the setting of the Pleïades: it appears during the whole year, but in January it has neither that activity nor character which render it so destructive in June, July, and August.

Causes of the Fever of Guinea.

The topographical exposé which I have laid before the reader comprises the major part of these causes, as will already have been observed. I shall consequently merely repeat them in a summary manner:—

1st, A low and wet soil, which the sea seems to contend for with the continent.

2d, An air loaded with watery vapour.

3d, Hot days followed by damp and cold nights.

4th, Immense forests impenetrable to the rays of the sun.

5th, An extremely dry season constantly succeeding to one of rain.

6th, The sudden and frequent vicissitude of one temperature to another totally opposite.

In fact, almost every day, at eleven o'clock, and frequently at five o'clock in the evening, the sun is covered with thick clouds, in the N.E. in winter, and in the S.E. from March until September. These clouds give rise to a storm, which rarely continues more than fifteen minutes. During

these storms it is not uncommon to see the fluid in the thermometer suddenly descend to the 23d degree of Reaumur (51° Fah.), so that this transition occasions a sensation of very intense cold. Thunder and lightning rapidly alternate, with a terrific explosion: the earth appears shaken to its foundation, until at last a genial rain puts an end to these frightful commotions: and the African, relieved from his fear and the cold, breathes in peace at the return of the sun, which he always hails with inexpressible pleasure and veneration.

Such are the essential, permanent, and local causes, the concurrence of which appears to me to exert a morbiferous influence on the natives as well as strangers.

I may also add some others, of a secondary and accidental nature, which bear more especially upon Europeans.

During a long voyage, sailors being harassed, deprived of fresh provisions, contract a species of moroseness which may dispose them to disease; exercise, too long protracted—wet clothes retained upon the body—may also be, with Europeans who visit this climate, so many predisponent causes to the disease: to these causes, also, which are particular to Europeans, may be added such as arise from a want of observance of the rules of Hygiène, from the nature of the food, the abuse of strong liquors, and excessive venery.

The description of the above causes may seem to oppose the endemic character, which, in my opinion, should be assigned to this disease: indeed, individuals living under the influence of moral affections, daily committing errors in regimen, and excesses of all kinds, would seem to be sufficiently liable to be attacked with diseases depending upon cerebral disorder and slight lesions of the digestive organs: but when this disease is observed to exercise its ravages in all seasons, and on both Europeans and Africans, there must be some permanent cause which is common to all the inhabitants of this country; and this cause can only reside in the climate, situation of the country, quality of the atmosphere and water, and in the manners of life of the inhabitants.

PART III.

HISTORY OF THE PROGRESS AND SYMPTOMS OF THE FEVER OF GUINEA.

No other prodromic symptoms of this disease exist than a feeling of dread, which in Europeans is sometimes carried to an excessive extent,* and suddenly attacks the subject when

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* "Mortis metus his incesserat acris."—Lucr. vi.

in the midst of perfect health. From the invasion, there is redness of the eyes and sometimes of the face; very intense sub-orbitar pain; shivering, followed by fever, which at first assumes the remittent type, and the paroxysm of which continues for eighteen or twenty hours. The pulse becomes hard and frequent; the thirst is considerable; anorexia, nausea, and vomiting, are also present; in some epistaxis and diarrhœa occur, but in the greater part there is obstinate constipation.

The majority of the symptoms which constitute the state of excitement diminish or disappear from the fourth to the seventh day: the face and the eyes lose the erythema which coloured them, and the headach almost wholly disappears. Now really commences the asthenic state; the patient experiences fugacious sweats, typhomania, anxiety, and necrophobia, which never leave him; the pulse becomes vibratory; the stools are passed involuntarily; and coldness of the extremities, ischuria, and the facies Hippocratica, presage approaching death.

When a more tardy progress of the symptoms enables art to be successfully employed, the phenomena are generally kept up until the eleventh day: from the eleventh to the fifteenth day, the fever diminishes or entirely ceases: the patient issues from his state of stupor as from a long sleep, disturbed by dreams, of which he has lost the remembrance. The alvine dejections are restored to their healthy condition; the urine becomes copious; a tranquil sleep succeeds to this disorder of the animal economy, and the patient enters into a state of convalescence.

This march is constant: of eighty-eight Europeans whom I attended, only two died. Seventy-two were without fever on the eleventh day; ten on the fourteenth; eight on the seventeenth; four on the twentieth; and two on the fortieth: this was at the termination of the rainy season.

The most constant symptoms are, during the exacerbation, typhomania, and, during the remission, necrophobia; and an obstinate constipation in all stages of the disease.

In order to point out the progress observed by the fever of Guinea, and to give a correct idea of the therapeutic means which have appeared to me best adapted for its removal, I shall relate the following cases: —

PART IV.

CASE FIRST.

Antoine Robert, cooper on board the barge *Les Deux Amis,* aged thirty years, of a bilioso-sanguine temperament and strong constitution, had experienced for several days

the fear of never again being able to see his family, when, after some fatigue, he was suddenly seized with shivering, cephalalgia, and extreme lassitude; the tongue was covered with a whitish mucus; the stomach, towards the cardiac region, was painful, and the eyes and countenance were very red. He was ordered the foot-bath, and a drink acidulated with lemon-juice.

2d day.—There was an exasperation of all the symptoms. Pulse hard and irregular. Bleeding from the arm, which only produced an ephemeral relief.

3d day.—Nausea and vomiting of bilious matter: a grain of tartarized antimony, given in the morning, occasioned very copious evacuations, which did not prevent the return of the paroxysm: the exacerbation was at its height on the fourth day. The supertartate of potass dissolved in water was ordered for common drink.

5th day.—Fugacious sweats, typhomania, necrophobia, carried to a very high degree. A mixture of the cinchona, camphor, and Hoffman's anodyne liquor, was now ordered.

6th day.—Continuation of the same symptoms. Application of two blisters to the legs, which produced only a very slight rubefaction. The patient got out of bed, and fell down after having walked a few paces: he was returned thither without any resistance. Great prostration of the strength; stools passed involuntarily; carphologia; pulse vibratory. Died on the seventh day.

CASE SECOND.

Andrew Thomasin, sailor on board the advice-boat *Le Courrier de l'Inde,* of a bilioso-sanguine temperament and strong and vigorous constitution, had borne the fatigues of the voyage with comfort and cheerfulness; but, after having crossed a small marsh, he was suddenly seized with shivering, accompanied with violent headach, redness of the eyes, extreme lassitude, and cardialgia. Pediluvia. Drink acidulated with the supertartrate of potass. Bleeding from the arm.

2d day.—Epistaxis. The bleeding was repeated.

3d day.—Vomiting of greenish matter and syncope. A grain of tartar emetic dissolved in water was given in the morning, and some spoonfuls of an anodyne mixture administered after the vomiting.

4th day.—Exasperation of all the symptoms. The paroxysm continued for twenty-four hours, with typhomania and extreme dryness of the skin.

5th day.—The decoction of cinchona, with the addition of acetate of ammonia, was ordered.

6th and 7th days. — The patient was in the same state: the medicines were persisted in, and a laxative clyster ordered to remove a state of obstinate constipation.

8th. — Two sinapisms were applied to the feet.

9th. — The patient was in a manifest state of asthenia. A stimulating mixture was exhibited; and blisters were applied to the limbs, but they produced no effect.

10th and 11th days. — The alvine evacuations were passed involuntarily: carphologia. He died on the 13th day.

Prejudices, which could not be got over, prevented me from gaining permission to open the bodies of the preceding subjects; and I regret much the not having been able to know positively under what kind of organic lesion they succumbed. These pathological researches would have doubtless thrown some light on the diagnosis of the disease.

CASE THIRD.

M. Durbec, captain of a frigate, of a strong and vigorous constitution, bilious temperament, violent and hasty temper, aged forty-four years, was seized with great shivering, accompanied with cephalalgia, cardialgia, lassitude, and redness of the eyes.

The ill-success of bleeding in a disease which presented itself under a very manifest inflammatory character, induced me to search for something analogous, which might throw light upon the practice; and I recollected that in Egypt blood-letting is rarely useful in ophthalmia, even when the inflammation is very intense.

This similitude, presented by two countries separated by immense deserts, in the unsuccessful employment of an agent so usefully and generally employed elsewhere, exhibiting itself again in the character of the diseases of the two countries, induced me to adopt a new mode of treatment for the third patient, and for all those which I had occasion to treat afterwards.

On the first day of the disease, a pediluvium was prescribed, and four hours afterwards, the use of a diluent tisanne; a grain of tartar emetic was also administered in a glass of water, which produced copious bilious evacuations.

2d day. — A second pediluvium was directed; and, for common drink, a half dram of hydrochloric acid, diluted with two pounds of a diluent decoction.

3d day. — An ounce of the supertartrate of potass was ordered in a pound of the diluent drink. Three motions were the consequence of this treatment.

4th day. — Exasperation of all the symptoms. The paroxysm continued twenty-two hours, and was followed by

four hours' remission, during which a half ounce of the supertartrate of potass was directed, in six ounces of the diluent decoction.

5th day.—Profound stupor; fugacious sweats; pulse hard, quick. The use of the tisanne acidulated with muriatic acid was persisted in. The state of stupor, of dryness of the skin, and constipation, continued until the 11th day, the period at which the fever diminished.

The patient took, for three days in succession, three strong doses of cinchona in powder; and on the 15th day of the disease he was in a state of convalescence.

I have frequently observed the good effects of the hydrochloric acid and supertartrate of potass; and have felt convinced, that even when the second did not produce any evacuation, it was not less commendable, either from its correcting the deleterious properties of the bile, or from its acting on the mucous membrane of the stomach, after the manner of other vegetable acids.

III.

Account of the Diseases most prevalent in the 64th Regiment, during the Year 1818, *whilst stationed in Gibraltar.* By Thomas O'Halloran, M.D., &c.

(*Concluded from p.* 97.)

PART II.—DYSENTERIA.

Having made a few brief observations on the treatment of the acute pneumonic diseases which were prevalent in the 64th regiment in the year 1818, I now proceed to give a summary account of the symptoms and treatment adopted for the cure of acute dysentery, as it appeared in the corps in question in the autumn of the same year.

Two-thirds of the regiment, as I before observed, consisted of young men, the greater part of whom were enlisted in Devonshire and Cornwall during the two years the regiment lay in Plymouth. A pneumonic form of disease was principally prevalent during the months of April and May. After May continued fever took the lead. It appeared at first under a mild form: as the summer advanced it assumed an alarming aspect. The bilious remittent made its appearance in the latter end of August. Dysentery now also shewed itself, and quickly spread to a great extent. About ninety cases were treated in the 64th regiment in August and September. The greater number of these cases were attended

with severe symptoms. The patient had a constant inclination to go to stool, but only voided blood and slime; the former frequently in large quantity. A most distressing tenesmus usually attended the complaint, together with severe griping pains in the abdomen, which was in some instances exceedingly tender to the touch. In three-fourths of the cases there was high febrile action, viz. hot and dry skin; quick, full, and firm pulse; brown and dry, or white and moist tongue; loss of appetite, with nausea and vomiting on many occasions. More than one-third of the patients who suffered from this disease experienced great pain and difficulty in making water — sometimes a total suppression of it. When this latter symptom was present, there was excessive pain in the hypochondrium on pressure, an expression of anxiety in the countenance, and depression of spirits. In all the cases where the urinary bladder or kidneys were materially affected, the dysenteric symptoms were violent, the febrile action great, the disease alarming, and difficult of cure. Of seventeen cases copied almost indiscriminately from the register for the purpose of forming this report, dysuria was a symptom in eight of them; and in these eight, with one exception, the blood drawn from the vein had a buffy coat. In two of the remaining nine, where the urine was voided with freedom, the blood was only slightly buffed: and, as far as my observation went, I am correct in saying, that blood drawn from dysenteric patients generally exhibited the buffy coat whenever dysuria or suppression of urine was present. A greater degree of vascular excitement and of constitutional derangement attended the disease when complicated with these symptoms than otherwise. I therefore regarded dysuria and suppression of urine as the most dangerous symptoms occurring in dysentery; and I am of opinion that there are few diseases where early and copious venesection is of more importance. I have been present at the dissection of two persons who died of this disease, in both of whom dysuria was a striking symptom. In one the lining membrane of the bladder was covered with mucus, of a curdy form; the capacity of the bladder itself was not much diminished, nor were its coats altered in structure or appearance. In the other the kidneys presented several abscesses, and the bladder was diminished so considerably as not to contain one ounce of fluid; its external coats were very much thickened, and its internal one resembled in every respect the one above described.

The following are supposed to be among the principal predisposing causes of this disease, viz. copious draughts of cold water when the body was heated; sudden transitions from a

warm temperature and comparatively level ground, to comparatively cool and high situations, more particularly when the body was relaxed—perhaps covered with perspiration, occasioned by the labour and fatigue incident to the military duties of an extensive garrison; and the immoderate use of unripe fruit. The great and long-continued heat of the summer months on subjects recently from England may be supposed to have given the tendency to this form of disease, as well as the peculiar state of the atmosphere which belongs to the autumnal season, &c.; the unusual prevalence of easterly winds on persons not long resident in the place, consequently not accustomed to its impression; those peculiar and unknown qualities in the atmosphere, which may with some reason be considered as having influence in producing this disease that cannot be defined. It is not reasonable to suppose that water which had been drunk with impunity for the four preceding months had any share in its production; neither was it proved, nor even rendered probable, that it was occasioned by the imprudent use of ripe fruit, precautions having been taken to prevent any excess on that head.

The mode of treatment which was adopted for the cure of this form of disease, as it is not common, at least to the extent it was here carried, is now to be stated; and as it is extremely simple, it may be stated in a few words. It consisted principally in early, copious, and repeated venesection, with the daily use of sulph. magnes. The bleeding was employed with the view of obviating, or rather removing, inflammation, and counteracting irregular and spasmodic action in the intestinal canal and its connexions. The salts were given with a view of opening and keeping open the bowels, and as a means of restoring that part of the system to its natural and healthy function.

The occasional combination of a form of fever, usually denominated typhoid, with a dysenteric form of disease, has been thought to render blood-letting hazardous. In the present case, the pyrexial state had more of the inflammatory than typhoid character. This circumstance, together with youth, and the bodily strength which belongs to youth, were arguments which diminished my fears with regard to the use of the lancet. Venesection has not, I believe, at least until within these very few years, been numbered among the remedies which are applicable to dysentery; and of those who have had occasional recourse to it, few, I believe, have depended solely on its effects, and the effects of sulph. magnes. for a cure. The practice, however, was attended with instant benefit in the corps in question, and I may say with complete success.

The following is a detail of the mode of treatment adopted: —

The patient, on admission, after undergoing ablution with tepid water and soap, was carefully dried and put to bed. He was then bled in a recumbent posture; the quantity of blood abstracted was proportioned to the age, strength, and the urgency of the symptoms. From thirty-two to sixty-four ounces of blood were usually taken at the first bleeding. If faintness had not been induced by the loss of the quantity stated, the patient was raised up in bed, by which change of position fainting or faintness generally ensued, either immediately or after a few more ounces of blood had been allowed to flow.

The occurrence of syncope in this disease is followed by many advantages; and fainting in itself is, in my opinion, one of the most essential requisites for assuring a speedy cure; for independently of the interruption of the process of inflammation produced by the temporary cessation of the action of the heart and arteries, the spasmodic condition of the intestines is suspended, if not removed, profuse perspirations break out, and copious feculent discharges oftentimes follow. I have witnessed its effects in various cases; the patients, harassed by the most distressing tenesmus for several hours, without being able to pass any thing except blood and slime, were relieved on the occurrence of syncope, the bowels were relaxed, the spasms removed, and a discharge of pus soon followed, accompanied by an alleviation of all the distresses. I state a particular case. A young man, who laboured under dysentery of the worst kind for two days, and who had nothing like a natural stool for that period, was bled until he fainted. On recovering from his weak state, he called for a bed-pan, which he more than filled with purulent matter in a very short space of time. His recovery was most rapid. To this patient, after being bled, a dose of magnes. sulph. was given; either an ounce and a half at once, or one dram every hour, in a dilute solution. The ordinary effect of the first bleeding was to lessen the pyrexia, griping, and discharge of blood. In the afternoon of the first day, if the patient was not completely relieved, the bleeding was repeated to a considerable extent. On the second day the patient was usually better, though still feverish, and harassed occasionally by tormina and tenesmus. I bled him again to the extent of twenty, thirty-two, or forty-eight ounces, repeated the salts, and assisted the operation by copious draughts of barley or rice water. On the third day, the patient who had been treated in the manner stated was generally free from fever, the pain of the

abdomen diminished or removed, and the discharge of blood by stool nearly, if not entirely, suppressed. It was rarely necessary to repeat the bleeding after this period. The magnes. sulph. was continued until the stools became free from slime, and until the tenesmus had perfectly subsided. Under this treatment every dysenteric symptom was removed within the first week after admission, and in several instances within three days. Most of the dysenterics of the 64th regiment regained their strength within a fortnight from the cessation of the disease. The average quantity of blood abstracted from dysenteric patients in the course of the treatment ranged between five and eight pounds, a quantity ordinarily taken away before the termination of the second day. The blood was buffed in several instances. Scybala were rare, either in spontaneous evacuations or those produced by medicine. It sometimes happened that a fever of the typhoid kind continued for some time after the subsidence of the dysenteric symptoms. This was indicated by a brown, dry tongue, feeble pulse, and considerable prostration of strength. For the removal of it, calomel and James's powder, in the proportion of five grains of the former to three of the latter, were given three times a day, and the patient became convalescent in a short time, and soon regained strength.

Several of the women and children of the regiment were attacked with dysentery, which prevailed among the men. Some of the former were reduced to a state of great debility in consequence of not having applied for assistance at the commencement of the disease. They had abstained from making application under an idea that the use of food of an astringent quality, with decoctions and infusions of astringent herbs, might effect a cure. Emaciation and general debility were, however, frequently the consequence; and it happened not unfrequently that, when calling on me for my assistance, I found the debility, discharge of blood by stool, and fever approaching to the typhoid kind, so aggravated in their degree, as to leave but little hopes of a recovery. I, however, as a last resource, applied the lancet, *stimulating at the same time with wine;* and no case of the above kind has occurred, in which the remedy did not give, even beyond expectation, decided relief.

From the foregoing facts, I am of opinion that bloodletting, by its powers in arresting inflammation and inducing a condition under which spasm is relaxed, is capable of producing the most salutary effects in dysentery. To bloodletting, to which I ascribe so great effect in the cure of dysentery, I joined no other medicine except salts, which I

gave for the purpose of maintaining an open state of the bowels, and of carrying off their acrid contents; they seemed to prove a most useful auxiliary to the other.

No death occurred from pure dysentery, nor was there a chronic case remaining when I gave up the charge of the hospital.

I am well aware that there are many unacquainted with the destructive tendency of this disease in warm climates, who will look upon the mode of practice which I have now recommended as rash and dangerous; but I can venture to assert (and I speak from experience in different climates), that in the robust and sanguine temperaments the fatality will not exceed four in one hundred, even in the most unhealthy of the West India islands, provided the plan of treatment which I have now sketched be attentively pursued. I must take the liberty of observing, that the Practitioner, in his endeavours to subdue a disease of such rapid force (more particularly in tropical climates) must not altogether, in bleeding, be guided by quantity; it is necessary that a state of syncope be produced, and kept up until such time as copious feculent evacuations follow. It will not always be necessary to abstract a very large quantity of blood to occasion syncope, as that state will be produced by one, two, three, or four pounds taken in a horizontal position, provided the patient is suddenly placed in the erect position when it is supposed that a sufficient quantity has been abstracted. Cases of a very obstinate and malignant character frequently occur, wherein five or six pounds of blood taken at one bleeding are insufficient for the accomplishment of the object required. In those cases there is, in general, a preternatural constriction of the surface, with high febrile excitement. If, in such cases, the quantity abstracted is so great as to cause alarm, from the sudden shock the system sustains on the occurrence of syncope, the arm may be tied up, and the vein reopened in half an hour, when faintness will be produced by the loss of a few ounces. Under such circumstances, the constriction of the skin is removed, a profuse sweat breaks out, the bowels are relaxed, and all tenesmus subsides.

The plan which I have now suggested, if properly attended to, will seldom fail in removing the disease in thirty or forty hours. I am disposed to think, however, that there are few Practitioners who will use the lancet to the extent required for ensuring safety, more particularly when recommended by so humble an individual as myself. There is one great consideration, and it is a fact, that a much greater degree of debility is produced by an uninterrupted disease of twenty-four or thirty-two hours' duration, than succeeds to the loss

of ten pounds of blood abstracted within the tenth hour from the period of attack.

Subjoined are two detailed cases illustrative of the symptoms and treatment: —

Case I. — Thomas Yeo, aged thirty. Admitted 17th August, 1818.

17th. — Frequent bloody and scanty stools, accompanied by straining, griping, and tenesmus; pulse 100, full, hard; skin hot, dry; headach; tongue white, loaded; urine scanty; loss of appetite. Bled to the extent of three pounds; solution of salts.

18th. — Syncope occasioned by the bleeding; blood free from buff. The stools have been frequent since last report, but not so bloody as before; the tenesmus abated; headach removed; the griping and straining continue; pulse 90, hard, full; skin hot, dry; tongue loaded; thirst; urine as yesterday. The bleeding repeated to the extent of three pounds; the solution of salts to be repeated.

19th. — Syncope occurred from the bleeding; the stools have been frequent since last report, but free from blood; some straining, griping, and tenesmus. Salts, as before.

20th. — The stools more natural, less frequent; some tenesmus. The other dysenteric symptoms removed. Salts.

31st. — Discharged to duty.

Case II. — John Hawkins, aged twenty-one. Admitted 15th September, 1818.

15th. — Frequent bloody and slimy stools, attended by straining pain of the abdomen and tenesmus; skin hot and dry; tongue foul; thirst; want of appetite; urine scanty, voided with pain and difficulty. Bled to the extent of three pounds; salts.

16th. — Syncope produced from the loss of blood; the blood buffed; the stools frequent, principally composed of blood and slime; straining, griping, and tenesmus; pulse 95, hard; urine as yesterday. Bled to the extent of three pounds; salts.

17th. — Syncope occasioned by the bleeding; the blood buffed; only two stools since last report, free from blood; the difficulty in passing the urine abated; appetite returning. Salts.

18th. — Dysenteric symptoms removed. Salts.

25th. — Discharged.*

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* We are sorry that the remainder of Dr. O'Halloran's paper, and several other original communications, intended to appear in this Number, were lost in the fire which totally destroyed the extensive printing establishment of our very excellent printer, Mr. Moyes. More than half the Number was printed, and part of the MS. for the remainder was in the office, when this very destructive fire took place. Of course, we had the Number to commence again, and to complete in but a short period for the purpose.

Editors.

IV.

Case of Ruptured Uterus. By GEORGE COOK HOLMESTED, Esq., Braintree, Member of the Royal College of Surgeons, London.

MRS. KING, twenty-six years of age, has had three children: her labours have always been difficult, in consequence of a deformed pelvis. In the last of which I attended her, the arm and funis presented, the child had been dead some days, and was in a putrid state; I turned it, and had considerable difficulty in the extraction of the head; but strong pains coming on, they effected delivery. Her two first, she says, were natural labours, but were protracted for three or four days, and terminated without any artificial assistance.

She was pregnant again; and, at the full period of utero-gestation, the membranes broke, and the waters were evacuated on Sunday afternoon, May 9th, when she had slight grinding pains, which lasted for a few hours, and then went off till Tuesday evening at six o'clock. I saw her and made an examination at twelve, and found the os uteri dilated to the size of half-a-crown, soft, and yielding. The promontory of the sacrum projected considerably inwards, diminishing the short diameter of the pelvis to scarcely three inches. The pains were strong and frequent; but the head not advancing, I left her till the following morning at seven o'clock. The pains had continued strong all night: the os uteri was fully dilated; the head had scarcely entered the pelvis, but the small portion which had entered was firmly wedged there. Mrs. K. told me that the child was alive, as she had felt it about half an hour before. Upon my examination the night before, I discovered the bones of the head to be soft, and considered the head to be small, which opinion was strengthened by her saying that she did not think herself any larger than she was a month before. She was in good spirits, and did not seem much fatigued by her exertions. Such being the state of things, I determined to leave the case to nature for a few hours longer.

At two o'clock I visited her again, accompanied by my partner, Mr. Harrison, a gentleman of considerable practice and experience, when we found her sitting up in bed supported by the women, with a most anxious countenance, frequent bilious vomiting, pulse quick and feeble, and breathing laborious. I was much struck with her appearance; and, upon inquiry, learnt the following particulars: — The pains continued till between nine and ten o'clock, when she felt a

sudden snap in her body shortly after the remission of a pain. She immediately exclaimed, "Now it is all over with me — nothing can save me!" Her countenance changed, and she became very faint in a few minutes: vomiting took place and continued, and labour-pains ceased. I directly thought that the uterus was ruptured, and, upon examination, found considerable hemorrhage externally, and that the head had receded above the brim of the pelvis. It was considered that no time was to be lost in delivering the woman, which was speedily accomplished by turning the child and perforating the head behind the mastoid process; the placenta was removed; and, with a view of ascertaining with greater certainty the state of the uterus, I again introduced my hand, and discovered a considerable laceration in the right side of the uterus, and some portion of the intestines protruding through it. Thirty drops of tinct. opii were given her, and repeated every four or five hours.

Thursday, seven, A.M. — She has had a very restless night, with a good deal of pain, or rather soreness of the body, which is very tender; bilious vomiting continues; pulse from 110 to 120, and feeble. I directed the body to be well fomented. Toast and water and common tea, cold, are the only things she can take, and which she has frequently, as she complains much of thirst.

Four, P.M. — Pain in the body somewhat relieved; in other respects much the same as in the morning; the sickness most distressing, to obviate which I gave her ninety drops of tinct. opii, and ordered fifty to be repeated every three, four, or five hours, as symptoms might require; the fomentations to be continued, and a common glyster to be administered every four or five hours. Breathing still difficult.

Friday, twelve, A.M. — She has slept occasionally; general appearance somewhat better; the soreness of the body is completely removed, and she bears pressure without inconvenience; breathing much relieved; sickness continues much the same, but is always relieved for a short time by the laudanum; pulse 100, and rather full. She has not had any stool; I therefore ordered a glyster of sp. terebinthinæ and ol. ricini to be given every four hours till the bowels were moved; and if the pain in the abdomen returned, the body to be fomented. Omit the tinct. opii.

Saturday, one, P.M. — Found her much worse; breathing short, and with great difficulty; body swelled, and exquisitely tender; pulse 120 to 130, and depressed; countenance anxious; sickness continues. I took ℥xviij. of blood away from the arm, which produced syncope, but did not give

much relief. Continue the fomentations and injections, and take a powder composed of jalap and calomel.

Ten, P.M. — Much the same as in the morning; pulse quicker. I gave her an effervescing draught, which was immediately rejected. I took ℥xij. of blood away, which again produced fainting; and as she could not take the jalap and calomel on account of the sickness, I gave her ℈j. of calomel. Continue the fomentations.

Sunday, eight, A.M. — Has had a very bad night; the sickness more distressing than ever; she has had two good motions; body sunk, and not near so tender; pulse 120, and low; blood buffy. Took ℥x. more blood away.

Four, P.M. — Getting worse; has had a cold fit, which lasted several hours.

Monday, seven, A.M. — Found her dying; had a convulsion fit yesterday evening; has continued vomiting; pulse feeble, and too quick to be counted; body much swelled and very tender. Died between nine and ten o'clock.

Dissection. — Upon opening the abdomen, there were marks of universal inflammation: there was a general adhesion among the abdominal viscera from a deposit of coagulable lymph; the peritoneum was in a state of gangrene. The uterus was partially contracted: a layer of coagulable lymph was thrown out on its anterior surface, which united it to the peritoneum. There was a considerable rent on the right and anterior part of the uterus, between four and five inches in length: the edges of the wound and its inner surface were in a state of mortification. The distance from the pubes to the sacrum was exactly three inches. The stomach and intestines were filled with air, but did not contain any fæces. The inner surface of the stomach exhibited marks of inflammation, and had a layer of coagulable lymph deposited on it; and it contained a small quantity of the same kind of bilious matter she had vomited. The liver was united to the abdomen; its inner texture was very red and soft. In the gall-bladder there was some bile and eight gall-stones. The abdomen contained about a pint and a half of bloody fluid.

V.

Case of Wound of the Elbow Joint, with Division of the Tendon of the Triceps Extensor Cubiti. By John Ripley, Esq., Whitby, Licentiate of the Royal College of Surgeons, Edinburgh, and of the Society of Apothecaries, London.

As wounds of the joints are not unfrequently followed by serious, and even fatal consequences, of which the records

of surgery furnish many instances, the favourable termination of the following case may not perhaps be altogether uninteresting to the readers of the REPOSITORY.

THOMAS COVERDALE, a boy about fourteen years of age, was brought to me on the evening of the 6th of March, with a request that I would examine and dress a wound of the right arm, which had been inflicted about half an hour previously, by another boy, who in a fit of passion had thrown a heavy butcher's knife at him. On examination, I found a deep transverse wound about three inches in length, just above the *olecranon*, penetrating the tendinous insertion of the *triceps extensor cubiti*, and capsular ligament of the joint, and exposing part of the cartilaginous articular surfaces of the bones. Having cleared the wound, I approximated its edges as carefully as possible by extending the fore-arm, retaining them in contact by means of a few stitches of the interrupted suture, and slips of adhesive plaster. To keep the joint steadily extended, a splint was applied in front, and the whole secured by a bandage, which I directed to be kept constantly wet with a saturnine lotion. A strict antiphlogistic regimen was enjoined, and an ounce of the sulphas magnesiæ directed to be given early the following morning.

7th.—This morning I found the boy complaining of sickness and thirst, with much pain and swelling about the joint, fever, &c. Ten ounces of blood were now taken from the arm, and as he had vomited the salts, a powder of jalap and calomel was given, and the lotion directed to be continued. In the evening, the sickness, restlessness, and fever continued; and he complained so much of pain and tightness over the wounded joint, that it was necessary to loosen the bandage. The cathartic not having operated, he took a draught with sulph. magnes., and was directed to have the lotion assiduously applied to the arm.

8th.—Had an easier night, the pain of the arm and fever having abated. Cathartic had operated well.

9th.—Continued better. On removing the bandages, I found the swelling and inflammation much diminished. There was very little synovial or other discharge from the wound, which united so favourably, that it was completely healed in about a month; soon after which, the splint being laid aside, he gradually recovered the use of the joint, and has since been bound apprentice to a carpenter.

The exposure of the joint during the half hour before I saw the patient, and the extravasation of blood into its cavity, led me to apprehend the occurrence of inflammation and its consequences, which, however, were happily averted. From the broad insertion of the *triceps*, not only into the

olecranon and the condyles of the *humerus,* but also its connexion with the capsular ligament of the joint, its division would only be partial, which will account for the perfect and speedy manner in which the mobility of the joint was recovered.

Whitby, June 21, 1824.

VI.

Case of Poison extracted from the Stomach by the Apparatus invented by Mr. Jukes. By Joseph M. Ferrall, Esq., Member of the Royal College of Surgeons in Ireland, and Surgeon to St. George's Dispensary, Dublin.

[Communicated through Mr. Jukes.]

A single instance of the successful adoption of a new mode of treatment is justly considered inadequate to support its pretensions to general use: but while the examples of the fatal effects of poison, even under able and early care, are still unhappily frequent, we are free to acknowledge our want of effectual means of cure; and when a plan of management is proposed, which incurs little difficulty and less risk — which offers all the advantages of the best modes previously known, and is, at the same time, exempt from some of the obvious dangers which attend its predecessors— it becomes the duty of the Practitioner to contribute promptly, and receive warmly, every insulated fact which exemplifies its value.

The Profession are already acquainted with the ingenious apparatus contrived by Mr. Jukes for withdrawing poisons from the stomach, as well as with the improvements which have been attempted since its introduction. They are also aware of the experiments of Sir A. Cooper, and his expressed conviction of its probable utility. But I am not sure that any instance before the present has occurred, in which the principle of the invention has been justified by its application; and although the rationality of the plan might be sufficient to recommend it, it may not be thought superfluous to present a case in which its actual employment was attended with results at once decisive and satisfactory.

I was called upon at an early hour, on the morning of the 2d May, to see Mr. R., of the Ordnance Office, who had just before swallowed, by mistake, rather more than an ounce of nitre. I took with me the apparatus (with which I had provided myself the moment its importation here gave me an opportunity of inspecting it); and as the gentleman re-

sided in my own neighbourhood, I arrived in less than twenty minutes after the occurrence. The scene was deeply distressing — his large family were collected about him in a state little short of phrenzy; and his own appearance was that of utter despair and hopelessness. He was pale and covered with cold moisture; and, on inquiry, described his feelings to be, a painful sense of heat along the centre of the chest to the stomach, which, together with a certain constriction of breathing, was every moment increasing. There was no time to be lost — I directed him to drink a a large quantity of sugar and water while I was engaged in preparing the instruments. I then caused him to open his mouth widely, and passing the point of the flexible tube cautiously between the velum palati and base of the tongue, so as to avoid irritation, reached the posterior wall of the pharynx. On pressing the instrument downwards through the œsophagus, the surrounding muscles were thrown strongly into action; but as he was firmly supported by assistants, and had sufficient resolution to avoid drawing himself away, the tube gradually descended into the stomach.

After a moment's pause, I adapted the syringe to its projecting end, and was preparing to commence the exhaustion, when we were suddenly interrupted by a violent convulsive cough, which literally shook the patient in his chair; his face became turgid, and I really feared it would be impossible to proceed. On removing the syringe, however, and inspecting the throat, it was observed that the position of the tube was such as to press forward on the larynx, especially when the syringe was appended — in fact, the angle made by the horizontal with the vertical portion of the catheter resting across the glottis was the cause of the distress. The remedy was obvious: on pressing the horizontal portion firmly backwards, the angle was at once diminished and forced to retire; and the larynx escaping its irritation, a complete calm ensued. The tube was now given to an intelligent assistant, with directions to maintain its position; and having refixed the syringe, I was quickly enabled to convey into a basin held beneath the discharge tube a large quantity of the contents of the stomach. After the second discharge little or no fluid came. I then disengaged the syringe — filled it with sugar and water, and injected its contents into the stomach — waited a moment, and transferred it into the basin as before. It was thought prudent to repeat this process twice, and then the entire apparatus was withdrawn.

The patient was fatigued, but not as much so as is usual

after the operation of an emetic. He expressed himself relieved from the burning heat, and merely complained of slight rawness in the throat, probably from the presence of the instrument. He was advised to use a gargle of cold water, adding a little ice as soon as it could be procured. He shortly after retired to bed, swallowed a little castor-oil, and composed himself to rest. He awoke in about three hours; the oil moved him gently, and he declared himself free from the slightest feeling of uneasiness.

For the emergency in question, it must be presumed that every well-informed Practitioner is prepared—that he comes to the case with all the lights of experience before his eyes —and that he has his mind completely made up as to the safest and most energetic mode of relief. But although no department of medical science has received more universal attention, there is none which seems to be more in need of its continuance; and although we have laid down for every poison an appropriate remedy, we are far from being assured of their efficacy, or even of their safety. Thus, on account of the torpor produced by the narcotic poisons, we are obliged to employ the most powerful emetics, and sometimes in quantities sufficient to create just grounds for alarm. I have seen ℥j. of sulphate of zinc administered before vomiting could be produced. Dr. Marcet and Sir A. Cooper have given ℥jss. of sulphate of zinc and gr. xv. of sulphate of copper with success: but I have also seen, in apparently similar circumstances, gr. xxv. occasion very violent vomiting, followed by a degree of exhaustion scarcely exceeded by the worst cases of cholera morbus. We can hardly, therefore, satisfy ourselves that we are actually, because apparently, doing the best for our patient, or that, while we rid him of a present and pressing mischief, we are not entailing on him another and not less dangerous, though distant, evil. Organic disease of the stomach, it is well known, occasionally arises from the presence of irritating poisons, even though they shall have been subsequently rejected; and to assert that the sulphates of zinc and copper, in doses otherwise injurious, shall be innocuous because a narcotic has preceded them, is a conclusion probable perhaps, but by no means inevitable; and, indeed, it is the opinion of Orfila, that whatever traces of inflammatory action are to be met with in the primæ viæ, after death by opium, are clearly attributable to the irritating substances made use of in the treatment.* The more usual difficulty, however, is the slowness with which the stomach is induced to expel its para-

* Orfila, vol. ii. p. 171.

lyzing contents; and, if they have occupied it for any considerable time, it is not uncommon to see more than an hour spent in fruitless efforts to excite it, during which time the symptoms are every moment gaining ground, and the apoplectic termination is in rapid and destructive progress.

On the other hand, the treatment for the corrosive poisons is not less anxious or uncertain.

Among the antidotes in use, some are intended to neutralize the deleterious substances, whilst others merely pretend to sheath the stomach from their action, or involve them in such a way as to render their presence less fatally injurious, and their rejection comparatively easy. The former indication, however ably conceived, is, in the opinion of the best authors, far from having attained its utmost perfection; and in the latter, although we may succeed in promoting the expulsion of the hurtful agent, we cannot effect it as suddenly as could be wished, nor without imposing on the stomach the task of evacuating itself by the only mode of which it is capable — long-continued convulsive efforts: and surely, after its mucous membrane has been already exposed to the action of the poison, it is, at least, unsatisfactory to be obliged to create an exertion of the organ, from which vascular excitement is nearly inseparable.

Having such difficulties to contend with, we cannot entertain any very decided confidence in our therapeutic means. On one side, we are opposed to a class of poisons which, by diminishing the nervous energy, render the stomach little susceptible of the influence of emetics in safe or advisable doses. On the other, we are struck with the uncertainty of chemical action when attempted to be excited in cavities endued with life; as well as the hazard of depending on the inordinate exertion of the injured organ as the best way of escape from the mischief which we apprehend from the poison itself.

The mechanical means lately proposed would appear to be well calculated to assist us in the dilemma; and the only inconvenience attending their use will probably be found to occur in the passage of the catheter by the larynx, and its subsequent position with respect to that organ and its appendages: but as a little management is capable of obviating this difficulty, it does not deserve to be considered in the light of an objection. Their employment, too, far from precluding the use of antidotes, will rather encourage us to exhibit them more freely; since we have the means of removing the entire contents should we have reason to fear ill consequences from new combinations.

If the nature of the case afforded leisure to select our

remedies, and our experience of them had justified even moderate confidence in their protection, the proposal of a new plan might be considered superfluous: but if it be an object to remove the poison in the shortest possible time, and in a manner the least distressing to the stomach itself, then we ought to encourage the use of Mr. Jukes's apparatus, because we shall probably find it superior to any other mode with which we are acquainted.

VII.

Fungus Hæmatodes of the Prostate Gland. By Henry Robert Brayne, Esq., Banbury, Member of the Royal College of Surgeons, London.

The occurrence of that peculiarly malignant disease, the fungus hæmatodes, in many and various structures of the human body, is a fact which observation has now so well ascertained, that examples of it, for the most part, need no repetition. Common glandular enlargement of the prostate, is a complaint also well known both in its nature and effects; frequently enough to be observed in the aged, and occasionally in the young. Current, however, as is our knowledge on these subjects, I am not aware that the growth of medullary sarcoma has been much known or noticed in the prostate gland: regarding, therefore, the following case as rather an uncommon specimen in morbid anatomy, I have taken the liberty to request a place for it in the Medical Repository.

On the 18th of July, 1824, I was requested to visit William Harwood, of Banbury, aged five years, in consequence of a retention of urine, which his mother informed me had been preceded by the following circumstances. Her son, she said, had never been afflicted by any other than the most trifling ailments until about six weeks ago, when he began to complain frequently of a momentary desire to evacuate the contents of the rectum and bladder. As the boy seemed very well, and played about with his fellows, it was little noticed, and attributed either to peevishness or bad habits. This state became considerably aggravated in the course of two or three weeks, so that he would often remain seated on the *chaise percée* for an hour or two at a time, straining himself quite ineffectually, or passing only very trifling evacuations. Notwithstanding the severity of this tenesmus, he would run about cheerfully during any freedom from its torments. Violent paroxysms of pain above the pubes and in the perinæum then became frequent, and he often complained bit-

terly of a pain running down the right thigh and leg, in the direction of the sciatic nerve, and reaching sometimes to the toes. About four days before I saw him, the retention of urine was almost complete, and a proportional degree of constitutional irritation had supervened. I experienced at my visit considerable difficulty in the introduction of the catheter, in which, however, I did succeed: and drew off about ℥iv. of urine. He was then evidently fast approaching a state of collapse, and as all probable means of relief had been already made use of, any farther treatment was abandoned. In a few hours after the introduction of the catheter, I was informed, that he passed a quantity of urine, but continued to sink, and died on the day following.

I should have desired to give a more detailed account of the progress of this case, had I witnessed more of it myself; but as there does not seem any thing different from the usual course of symptoms in other mechanical obstructions in the pelvis, I shall pass on to the *post mortem* examination, the result which it is the principal object of this communication to describe.

Dissection.—Considerable and general venous congestion presented itself in the peritonæum of the mesentery and intestines. The bladder contained very little urine; between it and the rectum was perceived a large tumour, which occupied nearly the whole of the pelvis below the brim, and forced the bladder almost out of its cavity. It presented so large a substance, that its prostatic origin was not immediately recognised. After it was removed from the body, with the attached rectum and bladder, it appeared to possess something of the chesnut-like form of the natural prostate, having its base or largest extremity towards the bladder, and the smallest between the rami of the pubes and ischia. It measured more than nine inches in circumference at its base, and five inches in its longest diameter. It had several tuberculated elevations on its surface, and the most projecting of these communicated that peculiar elastic resistance to pressure which characterizes tumours of this description. The urethra passed through about an inch and a half of that part which lay nearest to the pubes, and about a quarter of an inch beneath its upper surface. The caput gallinaginis within this portion possessed its natural appearance, with the exception of being rather larger than the common proportions in such a child. On making a section of the tumour, as soon as the condensed fascia which surrounded it was divided, several large portions of medullary fungus started forth, oozing a kind of soft pultaceous fluid, which contained a few minute flakes of coagulated blood.

The substance of the tumour throughout presented the usual soft white and red fibrous texture of this disease, displaying small cavities here and there within it, and containing a bloody serum, or a cream-coloured fluid. The tumour, when divested of the adherent cellular membrane, and freed of every thing but the bladder and about an inch of the rectum, weighed nineteen ounces (troy). The bladder itself was not thickened. The ureters were considerably enlarged, particularly the left, which, instead of entering the bladder at its accustomed place, perforated the pubic surface of the prostatic portion of the urethra, and opened into the bladder at its neck. The left kidney was rather larger than natural, but not altered in texture; the right seemed perfectly healthy. Several mesenteric glands were found enlarged, and contained the common cheesy formation of scrofulous glandular accretions.

This morbid growth can scarcely, I imagine, have commenced long before the first irritation of the intestinal and urinary passages, and if so, it furnishes an instance of as rapid a progress as ever comes to our knowledge of this disease in other organs. The malposition of the left ureter was doubtless congenital. Every succeeding case which has occurred to me of this inveterate disorder, only more strongly seems to me to prove the constitutional nature of its origin, and the almost total inutility of all remedies and operations for its removal. In several instances I have been well satisfied of its hereditary transmission; and its simultaneous presence, either in embryo or in progress, has in my experience been often apparent in several organs of the same individual. How far it may be convertible with some other forms of tuberculous diseases, I confess myself altogether undetermined.

VIII.

Cases of Acute Hydrocephalus occurring in one Family.

By Thomas Rolph, Esq. Surgeon, &c.

A few months since I was called to attend a child, whose parents live in Brown's Buildings, Princes Street. The mother informed me that the child had been unwell for some length of time, but that at the period when she came for me it was much worse. She stated that she had lost four children previously with water on the brain, and that she thought this child would soon follow. I called, and found the child in strong convulsions, in which state it had lain a few hours. The face was much swollen and very flushed, the temporal

and carotid arteries were throbbing violently, respiration was extremely difficult, and it lay rolling its head about, quite unconscious of any surrounding object. I opened the external jugular vein, and took six ounces of blood away: this relieved the child much; I followed this up with a smart dose of calomel and scammony, and the cold lotion to the head. The following morning the child was better, several dark fetid stools had been produced, and the fever had considerably subsided; in the afternoon, however, the convulsions returned, amaurosis came on, and in a few hours it died.

As the mother had never permitted any of her former children to be inspected after death, I urged particularly the necessity of her doing so in this instance, to which she consented, and, on examination of the head, I found there was an accumulation of water in the right ventricle of the brain to the quantity of six or eight ounces; it also contained a small quantity of coagulable matter. The fornix was raised at its anterior extremity, and there was a free communication between the lateral ventricles; the sutures were disunited; the brain was very soft and flattened; and the veins within the ventricles were gorged with very dark blood. The thoracic cavity contained a quantity of dark sanguineous fluid; the pericardium a small quantity of serous fluid; and the inner coat of the small intestines was much surcharged with blood.

Shortly after this I was called to attend a child of fourteen months old belonging to the same parents, under somewhat similar circumstances. It was seized with considerable fever, attended with great heat of the forehead; the conjunctiva much inflamed; vomiting; and very irregular sleep. I applied leeches several times to the forehead, purged the child with calomel and scammony, and applied the cold affusion to the head, but without success. The decline was more gradual after the severe attack, than in the former instance. Strabismus came on, with a numbness of the left arm; this was succeeded by amaurosis, and a paralysis of the left side, which was quickly followed by death.

I obtained permission to open the head of this child, and found, in addition to a considerable quantity of serous fluid in the ventricles, a large fungous tumour, made up of smaller tumours of the same nature, pressing on the thalami nervorum opticorum, and an hydatid in the choroid plexus. The lungs were also filled with tubercles, as was the spleen; the bowels, &c., were quite healthy.

A fortnight since I was summoned to attend the last remaining child, who is six years of age, and who had been attacked with sickness and headach that day. I perceived

at once, by a scrofulous affection of the tarsi, that she was of a strumous habit of body. From the great fatality in the family, I was quite alarmed lest this case should prove equally fatal with the others. Her tongue was coated with a thick yellow crust; her appetite had been declining some days; her sleep was rather disturbed: but the day I saw her, was the day she had been seized with vomiting. She had also slight rigors; complained much of her head; her bowels were very confined; her pulse was very quick; and her urine high-coloured. I took six ounces of blood from her arm, gave her a dose of calomel and scammony, which produced several very offensive stools, and ordered her in addition the following medicine:

℞ Magn. Sulphat. ℥j.
Inf. Sennæ, ℥iij.
Tinct. Digitalis, ♏x.
Syr. simpl. ℥j.
Aq. Font. ℥vj. Fiat haustus sextâ quâque horâ sumendus.

She appeared considerably better from this treatment for four days after, when the headach returned. I repeated the bleeding, had the head shaved, kept cold applications constantly on it, gave her another smart cathartic of calomel aud scammony, and continued the mild aperient draughts with the digitalis, with the greatest advantage; for at the present period she certainly appears to have lost all traces of her attack, a slight weakness being the only thing remaining. Whether this child will fall a victim to this disease, remains at present a great doubt. It certainly appears to be hereditary in this family, as the father of the children is occasionally severely affected with cerebral disease.

19, Crutched Friars, July 13, 1824.

IX.

On Local Disease of the Great Toe. By Joseph Houlton, Esq. F.L.S., Member of the Royal College of Surgeons.

The morbid affections to which the great toe is liable are mostly of a painful, and some of them of an alarming character, though they seem to depend upon its situation rather than upon any thing peculiar in its organization. If we consider it as the "ultima Thule" of the human microcosm, we shall not be surprised to find it in a particular manner subject to deviations from health, or that diseases which essen-

tially belong to more extended stations should select this part on which to exhibit their more prominent symptoms.

But it has local diseases; and from the inconveniences they produce, they are worthy of the attention of the Profession, although their treatment has generally been committed to unscientific hands. That which I have chosen for the subject of this paper is one which has frequently been under my care, and which, in the first few years of my practice, was very troublesome and difficult to manage—I allude to that affection which is supposed to arise from the nail growing on each side into the substance of the toe, producing much irritation, pain, general enlargement of the part, and fungous growth, so as nearly to envelope the nail, and attended, in some instances, by considerable discharge. I have been consulted in cases of twelve or more months' standing, where lameness has been so great as to prevent the individuals from pursuing their usual avocations.

The common practice has been to reduce the exuberant fungus by the use of caustic, and to cut and tear away longitudinal portions of the nail on each side, which is not always to be effected with facility,—is, moreover, a very painful operation, requiring frequent repetition, and is not uniformly successful; so that some irritable and timid patients will rather bear the ills they have than submit to such barbarous torture. Disgusted with this mode of treatment, I resolved to try the effect of pressure, and have been so happy as to succeed to the satisfaction of myself and patients.

In these cases the *curandi consilia* have been to repress the morbid growth of the part, and to bring the nail into its natural shape, defending, in the mean time, the irritable part from the lateral pressure of the nail. These objects may be effected by scraping the whole length of the centre of the nail until it is very thin, introducing a triangular, prism-shaped piece of fine cork between the nail and toe on each side, extending from the commencement of the nail to the end of the toe; applying a small flat piece of cork one-third the width of the nail, and equal to it in length, upon the extent of the scraped part; securing these *in situ* by a small strip of plaster; and rolling up the toe neatly and firmly with a calico bandage. These should be removed every third day. In some cases mild escharotics will be required, and slight variations to meet particular cases; but the general plan of scraping, tenting, and bandaging, will be found to possess an efficacy equal to any reasonable expectation; and those who have much to do with the

painful affection here alluded to, will doubtless, should not a similar plan, or one equally happy, have been tried, adopt a measure that will spare their feelings, their time, and their reputation.

11, Grove Place, Lisson Grove, 8th July, 1824.

X.

Case of Fracture and Exfoliation of a large Portion of the Lower Jaw, following the Extraction of a Tooth. Communicated by J. Snell, Esq., Dentist, Member of the Royal College of Surgeons.

In November last, an apparently healthy countryman applied to me with a swelled head and face, accompanied with a highly offensive discharge of sanies from the mouth, produced by the exfoliation of a large portion of the lower jaw. He stated that, on the 7th of September, he had requested a medical gentleman in the country to extract one of the teeth in the lower jaw. After applying the instrument, and using considerable force, the crown of the tooth was snapped off. A second, though unsuccessful attempt, was made to extract the remaining portion, when the patient desired the operator to desist, as he distinctly felt the jaw crack under the last application of the instrument. A third attempt, however, being persisted in, the stump was at length removed. Most severe and lancinating pain, which extended over the whole of that side of the head, followed the operation. On the following day, his face, eyes, and head, were highly tumefied, the pain being most excruciating. These distressing symptoms continued to increase in violence during several days, when an abscess formed at the symphysis of the jaw, which pointed and burst externally. The orifice soon healed, and the matter passed into the mouth through several openings. It was at this period I first saw him.

Upon examining the mouth, I found a large portion of bone rapidly exfoliating, extending from the anterior incisor to the ascending spine of the coronoid process, comprising the whole base of that part of the jaw. The mouth was horribly distorted, the integuments having retired almost wholly from the portion of bone; the whole being accompanied by a constant discharge of offensive matter, which, mixing with the saliva, dropped constantly out of the corner of the mouth. In six weeks the bone became sufficiently loose to be removed, which was readily accomplished,

though attended with some considerable bleeding, which was soon, however, stopped by proper styptics. I directed for him lotions of infusion of roses, with borax and tincture of myrrh, to be used to the mouth frequently. Healthy granulations were soon observable, and the part near the symphisis quickly healed. A considerable discharge was still kept up from two different sinuses, at the posterior part of the remaining jaw. These were dilated into one, and injections of diluted nitro-muriatic acid were used frequently. During the following week, two smaller pieces of bone were extracted. The whole of the left side of the jaw, from the symphisis to the angle of the base, being now removed, mastication could not be performed but in the most imperfect manner on the healthy side. As the parts gradually healed, a substance of a cartilaginous consistence could be distinctly felt, situated between the divided ends of the bone. The head was now bound up, so that the remaining parts of the jaw might be kept as nearly as possible in their natural situation; and the former lotion, with infus. rosæ, was substituted for the acidulous one. The substance between the ends of the bone gradually increased in size and firmness; and in a fortnight the cavity left by the exfoliated bone was filled up. Union having now taken place, mastication was performed with scarcely any inconvenience. The discharge soon ceased, and the patient got well. Deformity of the countenance was very trifling, being scarcely perceptible. One principal peculiarity in this case was the rapidity with which Nature effected the process of exfoliation and reproduction.

111, Crawford Street, Montague Square.

PART II.

ANALYTICAL REVIEW.

I.

Pathological Observations, Part I., on Dropsy, Purpura, and the Influenza of the latter End of the Year 1822, *and Beginning of that of* 1823; *and particularly on the Morbid Changes of the Blood, and their Influence on the Production and Course of these Diseases, illustrated by Select Cases and Dissections.* By WILLIAM STOKER, M.D., Edin., Licentiate of the King and Queen's College of Physicians in Ireland, Senior Physician to the Fever Hospital and House of Recovery in Cork Street, &c. &c. &c. Pp. xvi. 224. Dublin, 1823.

DR. STOKER informs us in his preface, that, "impressed with an opinion that many diseases, especially those included in the title-page, depend on changes which take place primarily in the fluids, as others do in the solids," he has been led to prepare this work, the "object of which is to exhibit some of those facts collected during an extensive experience for twenty-five years, on which that opinion is founded."

Dr. Stoker commences his work with some remarks on the physiology of the fluids. These present nothing novel, or requiring particular notice, excepting the following, which have been likewise noticed by other inquirers:

"Experiments which I instituted more than twenty years ago, with a view to ascertain what was the difference between the state of the blood in the vena portæ, and of that as it enters the vena cava ascendens from the liver, though rude and incomplete, yet appeared to me to be at least decisive that in health, blood is of lighter colour after than before its passage through the liver; and further, that on immersing blood of these different denominations in separate vessels of water at a high temperature, there was a remarkable portion of solid animal matter elevated to the surface of the water in which the blood of the vena cava was immersed, whilst no such appearance presented itself on the water in the other vessel."—P. 9.

Those of our readers who are desirous of a fuller illustration of this subject, may consult the notes to the last edition of the Translation of Richerand's Physiology.

Without inquiring, at present, whether the fluids be primarily or secondarily deranged in dropsy and purpura — a point which has particularly engaged our attention since 1814, as respects several other diseases — we shall briefly notice some of the cases, and of the observations on them, with which Dr. Stoker has illustrated his views, in respect to the two disorders just mentioned. Before entering, however, on this part of the work, it is necessary to remark, that he distinguishes them by the terms Dynamic and Adynamic, according to the state of the vital energy accompanying them — terms which, we need not add, are nearly synonymous with the words sthenic, tonic, and their privatives; or with the adjectives, active and passive, as applied to disease, and especially to dropsy, by some of the modern Germans.

Dr. Stoker first adduces "*Dynamic cases of dropsy and purpura complicated.*"

"*Case* 1*st.* A lady, 39 years of age, mother of nine healthy children, experienced, soon after the birth of her sixth child, in Dec. 1813, very distressing soreness and stiffness in the joints of the lower extremities, which were rapidly succeeded by œdema and purpura from the hips downwards. The purple spots varying in size, from the tenth to the third of an inch in diameter, were in some parts confluent. Leeches, aperients, and blisters were employed during the urgency of this attack, and subsequently, under more generous diet, country air, and the use of bark and wine, she was restored to perfect health.

"She had no return of indisposition subsequently until the winter of 1820, whilst she was nursing her ninth child. This attack too was preceded by pains of back and limbs, and still greater languor and debility than in the former one; also by scantiness of urine and costiveness. The purpura was very deep-coloured over every part of the surface, and large, especially on the lower extremities. The accompanying anasarca was also more general, as the upper extremities, face, and neck partook of it, but it was in the greatest degree on the lower extremities.

"My recommendation to wean the infant would not be yielded to. Bleeding was not employed, and under the use of saline and mercurial aperients, and subsequently of bark and wine, recovery from the external affections went slowly on for more than two months, and general debility continued long afterwards.

"On the 25th of December, 1821, whilst still continuing to suckle the child, though with a very scanty supply, she was again attacked with purpura and dropsical symptoms in a very urgent degree, the œdema and purpura being more intense than on any former period, and pervading every visible part of the body and limbs. The breathing became oppressed and hurried; some cough; pulse about 90. Much languor, yet no remarkable diminution of muscular power, as she sat up and went about her house with apparent ease. Tongue white; urine scanty; thirst urgent;

pain of back and limbs severe. There were considerable pain and soreness to the touch in the right hypocondrium, the pain shooting towards the shoulder, and increased when attempting to lie down on the left side.

" Twelve ounces of blood were taken from the arm, with relief. The blood became buffed almost as soon as drawn. Blue pill, aperients, expectorants, &c. were prescribed. During the two successive months she had some returns of purpura and œdema, with scantiness of urine, and difficulty of passing it; and for these symptoms she derived much benefit from the internal use of nitre and camphor."—Pp. 11—14.

" The affection of the liver became more marked in the following spring. She complained of much internal weakness, frequent palpitations of the heart, and great oppression of spirits, to which she was not naturally predisposed. The pulse, however, was full and firm, 80 in a minute. The catamenia appeared about ten days before. She had been long subject to discharges of blood, per anum, which, from her own feelings, she deemed to be salutary. Leeches were prescribed to the right hypochondrium, and six grains of blue pill every second night, and half an ounce of Epsom salts the following morning. Let the side be gently rubbed with camphorated oil for fifteen minutes night and morning; a warm bath once a-week; and a saline effervescing draught three times a-day.

" This plan being pursued with little variation for nearly three weeks, and the mouth being slightly affected, the morbid condition of the liver gradually gave way; the dysenteric discharges however still continued, and in the succeeding June threatened ulceration of the intestines, which disease seemed even to extend to the bladder and the other urinary organs; the urine itself held purulent matter in suspension, and the pain and difficulty of passing was so great, as to make the introduction of the catheter indispensable. All these symptoms, however, yielded to the occasional use of the blue pill, assisted by a mixture of castor oil, oil of turpentine, mucilage of gum arabic and peppermint water, but chiefly, as it seemed to me, to a mucilaginous mixture with balsam of copaiba."—Pp. 14—16.

Case 2d is detailed with tiresome prolixity. It presented many features similar to the foregoing one, but terminated fatally. For the details of this case, and the appearances observed on dissection, we must refer our readers to the work.

Dr. Stoker remarks, that the complicated cases of dynamic purpura with dropsy, may be distinguished from the adynamic, by the former being preceded by greater degrees of muscular pains, and by symptoms of plethora, such as a general oppression, and a labouring pulse; and, finally, by the buffiness of the blood. He also observes, that " morbid accumulation in the hepatic, mesenteric, and hæmorrhoidal vessels, having been common to both these cases in their

commencement, it has been assumed as the connecting cause of the succeeding symptoms." That such accumulations, as well as the morbid appearances of the blood which it presents soon after being drawn, in the course of these and similar diseases, arise from imperfect or irregular sanguification, appears, he thinks, extremely probable, "from consideration of the two chief sources of supply to the sanguiferous system, and the similarity of the fluid (in its colour and properties at these sources, and previously to its being submitted to the action of the lungs or liver,) to the buffy coat,"—an opinion which he has been induced to think well founded, "from the results of a considerable number of observations lately made on the blood shortly after it was taken from persons labouring under various forms of disease, and nearly under the same circumstances."

"The general oppression and severe articular pains which both patients suffered in the commencement of their complaints, and the dyspnœa and oppressed pulse which succeeded, may be fairly attributed to the excessive degree of plethora. The purpura and œdema, however, in these cases, seem to have been produced not only by that increase in the quantity of blood, but also by a change in its properties, the distention of the extreme vessels, so as to admit of the dense and coloured part of the blood being facilitated, particularly in the second case, by the debilitating effects of intensely cold winds.

"The *post mortem* examinations which were made in the second case, of the parts previously occupied by disease, discovered no disorganization which could account for the symptoms detailed in the history of the case; and one appearance alone was presented, which could be fairly considered to give a satisfactory explanation of the cause and sudden manner of dissolution; that was the firm, buffy coagulum found in the right ventricle of the heart, which was proved in this instance by many striking circumstances to have been formed before death, and also seemed to be a sufficient cause, and therefore to afford a satisfactory explanation of the manner in which that event took place."—Pp. 34, 35.

"The blood drawn in the course of the disease coagulated, and became sizy at the same moment, and almost immediately after it flowed into the cups which received it, which shew both its tendency to become solid, and that its sizy surface did not depend on slow coagulation."—Pp. 35, 36.

Dr. Stoker next offers some "*Observations on the Blood.*" At this place he gives a tabular view of twenty-seven cases of different diseases in which venesection was prescribed, with the appearances of the blood, and the time after it was abstracted at which the buffy coat appeared, together with other circumstances exerting a probable influence on these appearances. From these facts he is led to conclude that,

instead of attributing the buffed appearance exhibited by the surface of the blood merely to the subsiding of the red particles during the slow condensation of the lighter parts, "we are warranted in supposing that an altered and an unhealthy state of the blood, exceeding the effects of mere agitation, takes place in the course of circulation, either from want of due preparation of the fluids at the two chief sources of supply, and of the subsequent changes these fluids should undergo in their passage through the pulmonary, sanguiferous, and hepatic systems, or from the injurious effects of diseased functions in the organs of sanguifaction."

"The colour and external characters which designate various kinds of buffy coat, being also found to indicate the particular functions engaged in producing them, afford additional arguments in favour of the foregoing opinions. In simple pneumonia, for example, as appears from inspection of the table, the coat on the blood is generally of a colourless white; but when tinged, it is with bright red, the breadth of the tunic, seldom exceeding a few lines, and to this probably it is owing that the cupping on the surface of such blood is generally remarkable; the thin and tenacious film contracting as it forms, and drawing towards the centre the external margin at the circumference of the less contractile crassamentum.

"In simple forms of hepatic disease, on the contrary, the buffy covering is generally darker through its whole substance than in pneumonia, and is externally yellow. It occupies a large proportion of the solid part of the blood, and is not often cupped; when it is cupped, there is reason to suppose that the lungs are partly engaged.

"In diabetic complaints, which there is so much reason to believe originate in imperfect digestion, or insufficient preparation of chyle, it is well known that when blood is drawn, it is often found covered over with a whitish milky-like fluid."—P. 40.

"In making these remarks on the various kinds of surfaces presented by blood under certain circumstances, I do not wish to be misunderstood as concurring in the opinion that the buffy coat is always indicative of inflammation, an opinion which does not accord with my experience; on the contrary, I have often witnessed much of that sort of appearance on the blood drawn in certain kinds of dropsies, when the patient had neither increased action of the vessels, nor any unusual sensation of pain or heat in any part; but, on the other hand, in certain conditions of the mucous lining of the cavities or of the viscera, when all other characteristics of inflammation were present, no buffy coat appeared on the blood after being drawn.

"I am inclined, from what I have seen in such cases, to think that when inflammation is confined to the mucous membranes, the blood is not generally buffed; and that when it is in a sizy state, then the texture of the liver or lungs is directly engaged, or

affected by sympathy with the parts concerned, so as to influence the condition of the functions in these organs."—P. 42.

Dr. Stoker afterwards adduces some cases of dynamic dropsy; but these furnish nothing beyond what must have fallen under the observation of the majority of practitioners.

"ADYNAMIC DROPSY."—The epithet employed here "is derived from a leading and essential characteristic, namely, debility, as it regards the loss both of constitutional vigour in the animal economy in general, and of power in the vascular system in particular." The cases of this variety of dropsy which are adduced, are circumstantially detailed and instructive. Reflections sufficiently copious are appended to each. We select the following case for the purpose of abridgment, and refer our readers to the work for the rest:

Case 4th.—A female mendicant, aged 24, was admitted into the Fever Hospital, on the 14th of March, with obstinate dysentery, for which mineral astringents, (acetate of lead, zinc, solution of arseniate of potash, carb. of iron, &c.) Dover's powder, chalk, and opium, were prescribed. The dysenteric symptoms were arrested by these means, but dropsy immediately supervened.* In this state she came under Dr. Stoker's care on the 5th of April. The integuments on her face, arms, lower extremities, and abdomen, were now distended with water, so that the eyes were quite closed. The fluid accumulated most on the side on which she happened to lie, and fluctuation in the abdomen was distinct: *the abdomen was extremely sore to the touch.* Thirst urgent; tongue white; urine scanty and pale; pulse 100, and hard; palpitation, pain at heart, and extreme debility. She had been subject to piles, which supervened on a protracted and severe attack of fever.—Venesection to eight ounces, an aperient, and a small quantity of wine, were prescribed. The following day (6th) all the symptoms were diminished; the soreness of the abdomen was less; the blood coagulated in fifteen minutes, and had a covering of a bluish, but not firm texture, interspersed with a few spots of yellow buff, about a quarter of an inch in circumference. Three grains of blue pill, one of powdered digitalis, and half a grain of opium, to be taken thrice a day; a blister to the right hypochondrium, and the abdomen to be rubbed twice daily with camphorated oil, and surrounded with a flannel swathe. Four ounces of wine were allowed.

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* A consequence pointed out by Aretæus, and very properly insisted on by Stoll as deserving attention when adopting our indications of cure in dysentery.

7th.—Dysentery returned, and the piles became inflamed. Pulse 120, and hard; palpitation. Wine continued.—8th. Four ounces of blood taken from the arm. Stools frequent, with tenesmus. Dover's powder. Six ounces of wine.—10th. Dysenteric symptoms alleviated, but the dropsy increased. Powders continued, with imperial drink and tinct. opii.—After this report the dysenteric and hydropic symptoms increased, and terminated in death on the 24th.

"*Dissection.*—The cavity of the peritoneum contains about two quarts of a fluid like whey, intermixed with portions of gelatinous lymph. This fluid resembles very much that found in an extensive chronic abscess.

"The internal surface of the peritoneum is streaked at different points with red vessels. At the superior and posterior part, it has lost its natural smoothness, and is coated with adherent lymph. This is most remarkable upon the peritoneal covering of the diaphragm, liver, spleen, and transverse colon. The folds of the small intestines adhere to each other; the jejunum is morbidly thick; it is connected by coagulating lymph to the whole length of the transverse colon.

"Several hard livid tumours, varying in size from a crown piece to a sixpence, are dispersed over this intestine. Near the duodenum they are very numerous and large; similar tumours of smaller size appear along the ileum. These tumours are covered by the serous membrane of the intestine. The adhesion between the jejunum and colon being separated completely at one of the tumours; the former intestine was found completely perforated by ulceration; and at two other tumours the same process had nearly taken place. The surrounding adhesions prevented the contents of the intestine from escaping into the cavity. On the internal surface of the intestine, the tumours exhibit bloody points and ulceration of the mucous membrane. The omentum is without fat; its vessels are distended with red blood. The great intestines, except that part of the colon adherent to the jejunum, present a natural appearance. The stomach, substance of the liver, spleen, pancreas, and kidneys, are healthy. Hæmorrhoidal tumours encircle the extremity of the rectum; the integuments on the left side of the anus are superficially ulcerated.

"*Thorax.*—The left lung is perfectly healthy; the pleura, on this side, of the usual appearance. In the right cavity the lung adheres firmly in every part to the pleura costalis and surface of the diaphragm, the cavity is consequently very much diminished. The heart adheres by a soft gelatinous lymph to the internal surface of the pericardium at every point. Its substance is rather soft, and smaller than natural."—Pp. 101—103.

Although this case occurred in a debilitated subject, yet we consider it by no means an instance of adynamic dropsy. It was clearly active, or rather inflammatory, both in its

origin and course, and the appearances on dissection might have been predicated from its history.

"The hard livid tumours varying 'in size from a crown piece to a sixpence, were dispersed over the jejunum,' being largest and most numerous near the duodenum, and unless when ulcerated, were covered over with the serous membrane of the intestines; in some of them this serous membrane was found perfect, in others it was partially affected or ulcerated through. In some of them the ulceration was found to have extended externally as well as internally, the external, like the internal coats, being partially penetrated, or totally passed through, as was found at that part where the jejunum and colon adhered, so as to prevent the escape of the contents of the intestines through the aperture which had taken place.

"Here the incipient disease was discovered to be in livid tumours, exactly resembling piles after death, for so the anatomist expressed, as soon as he saw them; the colour of each tumour, as well as its seat in the vascular coat of the intestines, manifesting the accumulation of the blood on which it depended.

"The obstruction to the flow of blood, which led to its accumulation, may arise from loss of power in the vessels, or from cohesiveness of the blood, or from both these causes together, which last condition I believe to be the most frequent; and that the tumours, in this instance, were connected with loss of vascular power, as well as with morbid cohesiveness of the blood, is, I think, rendered probable by recollecting that the piles which this patient stated she had laboured under many months previously to the dysentery, were preceded by a long-protracted fever, and that it was during recovery from it that the hæmorrhoidal excrescences appeared. The analogy between these tumours and piles would also lead us to a supposition, that they were connected partly with a siziness of blood, as every practitioner in medicine of any experience must have observed how generally blood is buffed when drawn from those disposed to piles."—P. 107.

Purpura.—Dr. Stoker divides this disease, as he does dropsy, into dynamic and adynamic. Two cases of the former variety have been already adduced. Several cases of the latter form of the disease are brought forward at this place. The *first* case, an aged female, was brought into the hospital in an almost moribund state. The purpural appearances were complicated with very considerable pectoral disease, and anasarca. The purpura yielded to the exhibition of turpentine: the skin became natural in colour and temperature. Pulse 80, and firm; and appetite keen. A few days afterwards she had a severe relapse of the pectoral affection, which continued till she died. "There was no return of purpura before death."

We published a few years since a memoir on the use of turpentine in various diseases, after a very considerable

experience of its effects, particularly in some disorders in which it had not hitherto been prescribed. We have since had many opportunities of confirming still farther what we then stated, and have also employed it in several diseases, in which we had no experience of its efficacy when that paper was written. Dr. Stoker here fully confirms what we have stated respecting it. "I cannot help," he observes, "stating the confidence my experience in the use of turpentine has given me, deeming it a valuable addition to the materia medica, especially as an useful stimulant purgative in diseased states of the blood, connected with intestinal and hepatic derangement."

The *second* case of adynamic purpura adduced by the author, evidently depended upon derangement of the biliary organs, and was removed by a treatment founded on this view of its origin. Here he makes the following observations, in which we are disposed to acquiesce:—

"In almost all the cases of dark purpura which I have witnessed, there were evident marks of diseased function of the liver, spleen, or alimentary canal; and I have been thus further induced to entertain the opinion already contended for, that the morbid state of the blood in this disease arises frequently from want of that due change it *should* undergo in the hepatic system, owing either to the previously disordered state of that part of the circulating mass which passes through it exceeding its function, or from its own diminished or changed action.

"In purpura contagiosa, on the contrary, as will be noticed in my observations on cases of that kind, in which the hæmorrhagic tendency prevails equally over the entire vascular system, and is connected with atony, the purpura is generally light-coloured, which accords with the foregoing opinion; bu when dark melænous discharges from the intestines, and bilious vomiting, or the alternation of these with purpura occurs, as I have frequently witnessed, it strongly marks the close connexion that subsists between these symptoms of disease."—P. 124.

We must refer our readers to the work for the *third* case. Case *fourth* is designated "purpura contagiosa," after Willan; but is more strictly purpura appearing in the course of contagious fever, or fever of a very typhoid character. The patient recovered under the treatment indicated by the symptoms of the disease. Case *fifth* is in every respect similar to the foregoing. Case *sixth* is given with laudable conciseness by Dr. Osborne. We therefore quote it.

"November 19.—Tobias Barry, æt. thirteen, the skin sprinkled over with numerous small maculæ of the colour of port wine, accompanied by a constant hæmorrhage from his gums, and a

soreness in his throat. Pulse 132, weak; bowels natural. The hæmorrhage has lasted more or less during the last week, and was thought to be the effect of a fall. The maculæ were not observed till yesterday.

" 20th. — Applr. inter scapulas vesm. ℞ Acid. Sul. Dilut., Tinct. Digit. āā ʒj.; Syr. Simp. ℥vj.; Aq. Cinnam. ℥ij.; Mucil. Gum. Arab. ℥iij. M. Sum. ℥ss. quater in die.

" 21st. — Maculæ of a brighter colour. Pulse 124; he is reported to have had two fainting fits; no dejection.

" ℞ Olei Ricini, ℥ss.; Tinct. Sennæ, ʒij. statim. Cont. Mist. Acid. Cap. Pulv. Ipecacuanhæ, gr. ij.

" 22d. — Maculæ same as before; an offensive odour is perceived about him; respiration impeded, and accompanied by a hoarse cough.

" ℞ Muc. Gum. Arab. ℥iv.; Aq. Menth. Pip. ℥j.; Vin. Ipecac. ʒij.; Syrup. ʒvj. M. St. ℥ss. tertiâ q. q. horâ. Haust. effervesc. quater in die. Omit. cætera.

" 23d. — Hæmorrhage rather diminished. Died this morning at five o'clock, without any violent symptoms.

" *Dissection.* — On examining the spots on the skin they were found to be produced by blood poured into the substance of the cutis, and not effused on its surface, or under the cuticle, as has been supposed. Spots, precisely resembling in appearance and mode of formation, were found on the pleura, substance of the lungs, the pericardium, the surfaces and interior of the muscular substance of the heart, in the abdominal muscles, diaphragm, and all the muscles that were cut through in the course of the dissection, in the peritoneum, the substance of every part of the alimentary canal, and on its internal surface. Very few spots were found in the liver, kidneys, or spleen; and the latter organ was rather more firm than usual, and slightly enlarged, but its texture and colour perfectly natural. The bladder of urine had suffered most from the disease, the blood having been effused so largely into its substance that the internal tunic was elevated into a number of regular dark-coloured folds, which were so prominent as to materially diminish the cavity of the bladder. Some liquid blood was also found in it. With the exception of the above morbid appearances, the viscera were perfectly healthy. A very few spots were seen in the integuments of the cranium and dura mater, but none in the substance of the brain. The blood throughout the body was remarkably fluid; and in place of any fulness of either the venous or arterial system, there appeared to be rather a deficiency of the circulating fluid." — Pp. 145—147.

Of the Treatment of Dropsy and Purpura. — The author commences this part of his work with the means of prevention. This subject evidently embraces the regulations usually inculcated respecting air, exercise, sleep, and clothing; and the general means of preserving the functions of the stomach, intestines, and liver, in a natural state. It

is apparent that ingurgitation, pernicious articles of diet, spirituous and vinous potations, derange these functions, and consequently prepare the way for the supervention of the disorders in question; and it is equally evident that the quantity and quality of the food should be such as not either to interfere with a due preparation of chyle, nor to produce it in such quantities as to overload the organs of sanguifaction, and thus disturb their operations.

Of Blood-letting, General and Local.—Dr. Stoker observes, that "venesection, placed at the head of remedies for dropsy and purpura, would have startled a medical reader before Dr. Blackall's publication on that subject." Dr. Blackall is not justly entitled to this distinction. Blood-letting was recommended in certain forms of dropsy both by Hippocrates, Galen, Alexander of Tralles, and Avicenna; and in more modern times, by Bourgeois, Schulze, Juncker, Stoll, Bang, Fordyce, and Grapengiesser; and Du Verney pointed out, in the Memoirs of the Academy of Sciences for 1701, the circumstance of the urine being coagulable, in many cases of dropsy, by heat and nitric acid—a fact so much insisted on in Dr. Blackall's work as characteristic of acute dropsies.

"The indications of blood-letting," Dr. Stoker observes, "in dropsy and purpura should be, strength of the patient not materially diminished, increased vascular action evinced by strong pulse and increased temperature, relief of oppression, and of pain immediately felt after the operation, and the subsidence afterwards, though not for a few hours perhaps, of the dropsical swellings."—P. 159.

"I may further observe, that in all cases in which that remedy is prescribed for the relief of these diseases, the finger of the prescriber should be kept constantly during the operation on the radial artery, that its effects on the powers of circulation may be thus immediately ascertained, and that its safety or danger may be thus decided upon. If the pulse remains firm, the quantity of blood may be allowed to flow on to ten, twelve, or fourteen ounces, according to the urgency of the symptoms, but should be stopped as soon as the vigour of the circulation begins to fail."—P. 161.

"*Local Blood-letting.*—The abstraction of blood by cupping, or by leeches applied as near as possible to the vessels affected with local congestion, is found highly beneficial in most cases, but in none more so, I think, than when a tendency to effusion, whether hydropic or purpural, is connected, as in many of the foregoing cases it appears to have been, with the condition of the intestinal and hepatic vessels; in all such cases, and, indeed, in some others in which the congestion and derangement of the sanguiferous system were much more general, I have witnessed great benefit from the application of leeches to the verge of the rectum, especially to

the piles themselves, if such excrescences could be detected; and the rationale of this remedy, on the principles I have already expressed, is sufficiently obvious." — P. 162.

Dr. Stoker proceeds to remark, that besides the more obvious operation of blood-letting in the cure of the disorders under consideration, it tends "to restore the function of sanguifaction in the liver and lungs, and thus counteracts the lentor by which the action of the exhalants, as well as of the absorbents, had been clogged." There can be no doubt that, by lessening the quantity of blood accumulated in the vessels and obstructing their due action, an important step is taken towards restoring the action both of the blood-vessels themselves and of the absorbents. The function of both sets of vessels is intimately related, and the practice which is founded on this relation cannot be far wrong. Where the vascular derangement does not only, or even materially, consist of congestion implicating the venous and capillary systems, but chiefly of increased action of the heart and arteries, blood-letting is still more eminently efficacious in promoting absorption. This fact was strenuously insisted on by John Hunter; and it cannot be expected that any in this country are not aware of the justness and practical importance of the doctrine. But the increased absorption which follows vascular depletion is, as is equally well known, not limited to the increased absorption of effused fluids, but extended to whatever comes within the sphere of this function, whether on internal or external surfaces. Thus we find that all medicinal substances which operate on this function, and those which are, by means of it, carried into the circulating mass, produce their effects more quickly and decidedly after vascular depletion. On the other hand, it ought not to be overlooked that excessive blood-letting will of itself give rise to dropsies; and it should be kept in recollection, that a very extensive class of these diseases arises from general vascular debility, in which blood-letting would be most injurious. In dropsies of cavities containing a vital organ, depletion ought to be prescribed with circumspection, as Dr. Stoker very properly points out; but it should not, by any means, be neglected when we have decided indications for its adoption.*

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* In two cases of hydrothorax of long standing which lately came under our observation, and in which temporary relief only had been obtained from diuretics, &c., one copious blood-letting previous to entering upon any other treatment was adopted with the most prompt and permanent advantage. These patients have hitherto had no return of the disease.

Blisters applied over the hepatic region, in tendencies to dropsical or purpural effusions, connected with disordered function, or even sometimes, perhaps, with deranged structure of the liver, and, indeed, in the majority of disorders of this organ, are evidently beneficial. Dr. Stoker's observations on the influence of blisters on the hepatic functions are judicious, and deserving of an attentive perusal; they are perfectly accordant with the results of our own experience.

With respect to the green colour of the alvine discharges, and the green vomiting, which are frequent symptoms of dropsical and purpural, as well as of cerebral disease, proceeding from hepatic disorder, Dr. Stoker states that, "although acid in the duodenum and stomach may give the green colour to the bile, yet the fluid separated from the blood under a disordered function of the liver, and which is conveyed from thence by the biliary ducts, must be also very different from that in health; for without some morbid change, the accidental admixture of an acid would not produce a green colour." He very justly considers himself warranted in this inference by the absence of such green colour, unless accompanied by urgent symptoms of disorder in the hepatic system. If this symptom were produced simply by mixing an acid with healthy bile, it must occur as frequently as acidity does in the *primæ viæ,* which is well known not to be the case.

Antimonials are equally applicable in the dynamic and adynamic forms of dropsy. Of the different antimonial preparations, Dr. Stoker prefers James's powder.

"Other medicines may also be combined with antimonials, so as to direct them to a particular part. Thus, in cases where the object is to increase the activity of the intestinal canal, they may be made adjuvant to the purgatives employed with that intention.

"In many cases of dropsy, when bleeding is indicated, the efficacy of that remedy may be very generally promoted by the aid of antimonials; and in instances of adynamic dropsy I have not unfrequently, by combined formulæ of antimony and mercury, so changed the nature of the morbid condition of both fluids and solids, that bleeding became indicated, and was found effectual.

"In the cure of certain stages of dropsy, too, in which tonics were indicated, but when their employment excited fever, as the preparations of cinchona and of iron sometimes do, I have found that inconvenience to be frequently corrected by the addition of antimonials.

"The secondary and sedative effect of antimonials, a property which they have in common with digitalis and other nauseating medicines, farther increases their importance in the cure of dropsy; and perhaps there is no problem involving even the *modus operandi* of medicines, that is more difficult of explanation than the effect

which some of them have, of retarding violent actions in the sanguiferous system in general, whilst they increase rather than diminish that of the absorbents."—P. 177.

For the author's observations on *Mercury* and *Digitalis*, we must refer our readers to his work.

The next part of Dr. Stoker's pathological observations is on the "*Epidemical Influenza which prevailed in Ireland, and particularly in the Metropolis, from the Month of November, 1822, to that of April, 1823, inclusive.*" We shall here abstract a few passages illustrative of the nature and progress of this epidemic:—

"In the months of November and December, although the characteristics of the Influenza more generally resembled those of simple catarrh than in the subsequent months, yet these were even then in some cases combined with diseases of a more formidable type, such as were afterwards found almost entirely to change the primary form of the Influenza; these were dysentery and its accompanying remittent fever, hepatic or pulmonary disease, with their attendant icteric or pleuritic fever; and even intermittents, which had been very little known in our hospital for several years, began then to appear amongst the patients admitted.

"The month of January was marked with increasing severity in the symptoms of the epidemic. Dysentery and remittent fever were very general; and a still greater number of agues than in the former month were found amongst those admitted to the hospital. The texture of the viscera, especially of the lungs and liver, seemed to become more generally engaged than in the preceding months, when the mucous membranes chiefly were affected; but now dyspnœa or orthopnœa often indicated the deep-rooted injury done to the lungs; and pain and soreness at the epigastric and right hypochondriac region, sometimes accompanied with jaundice, directed to the liver, as the chief seat of disease.

"In many of the cases which terminated favourably, critical discharges or critical eruptions attended the commencement of recovery, which, indeed, was remarkable through the entire course of the Influenza. In the bad and fatal cases, however, the discharges from the lungs were not a mere excretion from the mucous membrane, such as in other instances brought relief; neither were those from the intestines in these cases such as indicated the renewal of healthy secretion. In the former, purulent expectoration, attended by hectic fever, often designated vomica; and in the latter, sanguineous, ichorous, or purulent discharges from the intestines indicated abscess or ulceration in some part of the abdominal viscera.

"The cases of catarrh (or those in which the mucous linings only were engaged) were sometimes attended with inflammatory symptoms, so urgent as to demand the use of the lancet; but if unaccompanied by any symptoms of more deep-seated disease, the blood was seldom found buffed; neither was the relief of pain and

fever as great as generally succeeds bleeding, when employed for symptoms so apparently connected with inflammation.

" In January the severity of the weather and of the prevailing diseases arrived together at their acmé. Peripneumony and dysentery were very general and very obstinate in resisting the effects of remedies. The accompanying fever, in this and various stages of the Influenza, was generally of the remittent kind, and the remissions most remarkable on alternate days.

" Agues increased in frequency and urgency to a degree unparalleled in my recollection.

" Gout and rheumatism were also frequent, urgent, and protracted in this month, as was also hooping-cough in those susceptible of it, and asthma in those predisposed to that affection.

" Small-pox was more or less epidemic through the whole period that the Influenza prevailed; the frequency of its occurrence and the severity of its symptoms corresponding in like manner with the state of the weather.

" The texture of the lungs and of the liver became more generally affected than in the early stages of the epidemic, and the blood drawn also was found more generally buffed in the cases for which bleeding was employed.

" Jaundice and erysipelas often attended the protracted remittent fevers, and the patients labouring under intermittents were very generally icteric.

" Favourable crises, as in the former months, were at this time preceded or attended in many cases by discharges of blood, or increase of the natural secretions from the mucous membranes, by pustular eruptions or small external abscesses on various parts, especially about the nose, mouth, and ears; the protracted and bad cases, however, often terminated in vomica or internal abscess, and in vascular effusion into the cavities." — Pp. 199—203.

" In April, May, and June, the epidemic assumed new features. These were the well-known characteristics of the typhus of this country, denoting debility in every function, natural, animal, and vital; such as checked excretion and secretion, passive hæmorrhage, adynamic effusion of dropsy or purpura, diminished or morbidly increased sensibility, delirium, coma; and the circulation, respiration, and voice itself, feeble, imperfect, or irregular.

" These characteristics of debility are always most remarkable in the cases of typhus fever produced by contagion; and those two of purpura contagiosa detailed in the preceding pages may be referred to as exquisite specimens of that kind; but it should be remarked, that the presence of petechiæ is not always a necessary, though at some times in Dublin a frequent accompaniment of typhus fever.

" In the month of April, whole and numerous families began to be brought in together, labouring under the worst catarrhal or dysenteric symptoms of the epidemic, with those of typhus fever; the pulmonary, hepatic, and intestinal affections being combined with coma or delirium, tremulous voice and tongue, and tremor of the extremities, spasmodic twitchings, &c." — P. 221.

Dr. Stoker states that an unusually low temperature and moisture of the atmosphere attended the course of this epidemic, shewing "the evident connexion which existed between the state of the weather and the progress of the Influenza." And he farther remarks, that "diseases propagated by specific contagion, which previously had been sporadic, became epidemic at the same periods with the Influenza, corresponding also with it in the urgency of their symptoms and extent of their prevalence, in proportion to the number of persons who had not received immunity from such specific contagion by previous attacks, by inoculation or by vaccination."

Dr. Stoker supposes that the agency of the causes of this disease was first exerted on the blood, and that all the phenomena presented by the other fluids and the soft solids of the body, were only consequences of such primary derangement. We have no space for the discussion of this point. We therefore give the Doctor's opinion with little comment; and we are not the less disposed so to do, by the long and increasing partiality which we have entertained for the humoral pathology. We would not, however, deprive the nervous system — more especially that part of it which is distributed to the vascular system and digestive organs — of its very important and primary share of the operation, as Dr. Stoker does. The question seems to be — whether is this part of the nervous system, or the fluid circulating in the vessels on which it is ramified, the first to be influenced by the exciting causes of epidemic, contagious, and other diseases? We have already touched on this subject, both in former Numbers of this Journal and elsewhere. We need not, therefore, say more than observe, that it is a point difficult of proof, either one way or another; but frequent consideration of the topic, and many facts connected with the causes and primary movements of disease, lead us to infer, that that part of the nervous system just specified is most generally the first implicated; that it, from the nature of its distributions and relations, when deranged, soon causes disorder of the circulating fluid, which, in its turn, reacts, keeps up, or increases the primary derangement; and thus both species of disorder act and react on each other, until the disease is removed, structural disorder produced, or the delicate relation existing between the vital influence and the different structures of the body is no longer preserved.

Method of Treatment. — As the epidemic presented successively a catarrhal, a dysenteric, and a visceral or typhous character, at its commencement, acmé, and decline,

Dr. Stoker, therefore, gives an outline of the practice which he adopted with reference to these particular periods.

In the *first* or *catarrhal* period, which included the months of November and December, the mucous membranes were chiefly affected. The blood drawn by venesection was seldom buffed, and it coagulated slowly. The treatment consisted chiefly of avoiding exposure to cold and moisture — of warm clothing — of abstemiousness, especially in the use of fluids — of mild sudorifics and warm baths — and occasionally of gentle aperients. During the catarrhal stage evacuants were not found to be of much service; and even when inflammatory symptoms imperatively demanded bleeding, it did not generally give the relief expected from it.

In the *second* or *dysenteric* stage, and in those cases of dysentery which occurred during the first stage, the blood taken by venesection was found more frequently buffed; and this operation "was more generally indicated, as well as more generally beneficial, than in catarrhal cases." The dysenteric patients were chiefly treated with preparations of ipecacuanha and opium alone, or combined with mercurials or antimony. The purgative effects of castor-oil, and oil of turpentine combined, and alternated with mercurial pills, were resorted to with advantage. "Great attention was paid to abstemiousness of diet and to warm clothing."

The *third* or *visceral* period of the Influenza included the months March, April, and May. During this stage the texture of the viscera, particularly that of the liver, lungs, stomach, and spleen, seemed to be affected, and the blood taken by venesection was generally very deeply and densely buffed. Dr. Stoker here remarks, that when the texture of the viscera more immediately employed in sanguifaction was affected, and when buffing of the blood, particularly the yellow and dense buff, was observed, blood-letting, though a necessary adjuvant, was not alone effectual for the relief of the symptoms. "The co-operation of blisters and internal remedies, especially of mercury and digitalis, was most beneficial and essentially necessary."

"Premising," he observes, "that it was my practice to bleed through every stage of the Influenza, in proportion to the degree in which the inflammatory symptoms of any vital organ prevailed, I can positively affirm, in the first place, that venesection was not in general so effectual in relieving such inflammatory complaints as I have seen it at other periods; and, secondly, that in whatever degree the genuine symptoms of typhus were combined, in the same degree these symptoms were injured by the operation.

"On the treatment of intermittents, I have only to add my testimony to that which I understand the trials of it in our hospital,

and several others in Dublin, have claimed for it, in favour of the efficacy of sulphate of quinine as a remedy for these forms of fever."—Pp. 221—223.

The full analysis which we have given of Dr. Stoker's work may enable the majority of our readers to form an idea of its merits. To those who look for a more summary opinion from ourselves, we say that it contains much interesting matter conveyed in a somewhat prolix and careless manner. His favourite opinions, although manifestly correct in many of their bearings, are nevertheless pushed too far. It ought to be recollected that the best points of the humoral pathology, to which he is so much attached, have never been lost sight of by the best modern pathologists, and especially by some of the most eminent writers on medicine on the Continent; and they have been frequently insisted on by some of our own authors of the present day.

II.

An Essay on the Blood: comprehending the chief Circumstances which influence its Coagulation; the Nature of the Buffy Coat; with a concise Medical View of the State of the Blood in Disease; and an Account of the Powers of a Saturated Solution of Alum, as a Styptic Remedy in Hæmorrhage. By Charles Scudamore, M.D., F.R.S., Member of the Royal College of Physicians, &c. &c. 8vo. Pp. 162. London, 1824.

We proceed to give, without comment, a concise view of the results of the author's experiments. As facts, they possess some interest, particularly when viewed in connexion with the experiments of John Hunter, Thackrah, Treviranus, and Kolk. His speculations on the state of the blood in disease are few, vague, and unsatisfactory: of these we shall take little notice.

Influence of Temperature and the Air on Coagulation.—The heat of 120° was found the most favourable to coagulation, and a low temperature was observed still more remarkably to retard it.

"At a reduced temperature, *in vacuo*, coagulation is hastened."

"Atmospheric air being simply excluded in a stopped bottle, the temperature not reduced, coagulation is retarded."

"All communication with atmospherical air being pre-

vented, the temperature not reduced, coagulation is much retarded."

These results appear to arise from the means employed to exclude the operation of the air, having also prevented the evolution of carbonic acid from the blood, a circumstance essential to coagulation.

" The experiments," the author observes, " shewing that the mere absence of air is not the cause of the hastened coagulation, led me to the examination respecting the carbonic acid gas ; and I think myself fully authorized in concluding, that the period of time in which the blood coagulates depends, in a great measure, on the quick or slow extrication of the carbonic acid gas. Its evolution takes place most freely as the blood begins to concrete, and ceases when the coagulation is completed."

He made some experiments in order to ascertain the quantity of carbonic acid gas emitted by the blood, when he found that the blood drawn after dinner yielded full double the proportion of that obtained from blood taken away before the meal. The largest quantity of this gas which, in any instance, he was able to obtain, was rather less than half a cubic inch from six ounces of blood : a result very different from that stated by Sir Everard Home.

" *Influence of Specific Gravity and Dilution, &c. of the Blood on Coagulation.* — Blood possessing the highest specific gravity, coagulates the most quickly, and the best specimens of such blood are obtained from persons in health and of robust constitution. In blood of this description, there is the largest proportion of red particles, which are the heaviest parts of the mass. Blood which gives the fibrinous coat in a great degree has a lower specific gravity than healthy blood, and is slowest in coagulation. Fibrin is lighter than the red particles, and also lighter than serum." — P. 35.

Blood taken *in a slow stream* coagulated in a much shorter time than when drawn in a full and rapid stream. The author, therefore, concludes, " that the commencing part of the process of coagulation, namely, the escape of carbonic acid, does take place more readily when the blood flows very slowly."

It appears that *rest*, merely, does not assist the coagulation of the blood. The blood which was left perfectly at rest coagulated more slowly than that which was gently stirred for a very short time immediately after its having been drawn : if stirred for a longer time, coagulation is prevented altogether, as is well known, by the fibrin being detached during the operation.

" *The kind of vessel* in which blood is received in venesection

deserves attention. If it be metallic, the coagulation is slow, from the material being a free conductor of caloric; and the blood separating more gradually into its component parts in the order of their specific gravity, will more probably exhibit the buffy coat than when a porcelain cup is used.

" *The proportion of fibrin and its quality*, as having an influence on the coagulation of the mass, is a point of material consideration. We must keep in view that the solidification of the fibrin is the essential cause of coagulation. The process is promoted by heat; because the carbonic acid is drawn off sooner, and the solidification of the fibrin is evidently assisted. The temperature required to render the fibrin almost immediately solid varies according to the density of the fibrin." — P. 114.

In attempting to explain the coagulation of the blood, the author is " induced to say that it depends on a new condition of the fibrin, which can only exist fluid in a state of intimate mixture with red particles, serum, and carbonic acid gas." He found that sizy blood abounds in serum more than healthy blood; but the large quantity which appears seems principally owing to its being forced out from the clot by the strong contraction of the fibrin. In such blood a coagulum with inverted edges swims in a large quantity of serum; and it thus swims because the proportion of fibrin, which is of the least specific gravity, exceeds the usual proportion which it bears to the red particles. When the cupped and buffed appearances are the most remarkable, the proportion of fibrin is, of course, the greatest. He found the proportion of fibrin in different cups of blood drawn at the same bleeding to vary, in some instances, very considerably. The author does not attempt to explain this difference, but proceeds to give some crude reasons why more fibrin is found in the blood, in inflammations of fibrous and serous surfaces, than on other occasions. With these we shall not trouble our readers; nor shall we present them with his remarks on the influence of the *vital principle* on the blood, farther than to state, that he felicitates himself that his criticisms have overturned the arguments of John Hunter, and that he has " demonstrated that the changes which the blood undergoes, when drawn from its vessels, are entirely of a chemical nature."

The author informs us, that his experiments shew no difference, as to the time of coagulation, between arterial and venous blood. Other experimenters have obtained a very different result: they have uniformly found venous blood to be the first to coagulate.

The *influence of Electricity and Galvanism* on the blood raised its temperature very perceptibly. " The electric

fluid does not visibly alter the natural arrangement of the blood in coagulating; but the galvanic action causes instantaneous decomposition."

Effect of Oxygen Gas. — Blood was placed under an air-pump, and, after exhaustion, oxygen was introduced. The same quantity of blood was placed exactly in similar circumstances in respect to atmospheric air. The blood under the influence of oxygen coagulated soonest and cooled slowest. The experiments, as we find them detailed, do not admit the inference that this gas caused an evolution of free caloric, a conclusion which we find that the author has adopted. One man ought to make experiments, and register faithfully all the circumstances connected with them, and leave it to others to draw conclusions from them.

Hydrogen Gas seemed rather to hasten both the coagulation and cooling of the blood.

In Carbonic Acid Gas the blood cooled much sooner than in the air, and its coagulum was somewhat looser.

In Azote the blood became of a darker colour, and its coagulum was looser than when exposed to the air

Effects of Chemical Agents. — The mineral acids were found, as is well known, to promote coagulation and to darken the colour of the blood, and the alkalies and alkaline salts to prevent coagulation. The sulphate of alumina produced a very firm coagulum.

The blood was found to give out a slight degree of heat on coagulation, proving the justness of Dr. Davy's observations on this point.

The author's observations on the *Buffy Coat of the Blood* shew generally that this appearance is no just indication of an increased quantity of fibrin in this fluid, but depends more upon the stream in which it flows — a full and quick stream producing this appearance, whilst a slow one has no such effect, even although the proportion of fibrin be greater in the latter. For farther observations and the experiments respecting this subject we must refer to the work; these, upon the whole, will reward perusal; but the remarks which are afterwards made respecting blood-letting in inflammatory complaints are sufficiently common-place.

Dr. Scudamore concludes his essay with the recommendation of a saturated solution of alum,* as a styptic in cases of hæmorrhage. This solution he advises to be used in a warm or tepid state, as its coagulating quality is heightened by increased temperature: at the same time, cold may be

* One ounce of cold distilled water dissolves thirty-one grains of alum, and infusion of roses thirty-four grains.

applied to adjoining parts in order to diminish vascular action. He thinks that it may be injected with advantage in cases of uterine hæmorrhage. In a case of slight hæmoptysis, and in a case of hæmatemesis, it succeeded perfectly.

PART III.

ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND SURGICAL SCIENCE AND LITERATURE.

I.

Tableau des Maladies observées à la Charité, dans les Salles de Cliniques de M. le Professeur LAENNEC, *pendant le premier Semestre de l'Année Scholaire* 1824. Par MERIADEC LAENNEC, Aide de Clinique de la Faculté de Médecine de Paris.

Report of the Diseases treated at the Hospital of "la Charité," in the Clinical Wards of Professor LAENNEC, *during the first Six Months of the Scholar Year* 1824. By MERIADEC LAENNEC, Clinical Assistant of the Faculty of Medicine of Paris.

(*Concluded from p.* 152.)

WE shall now notice some of the most interesting cases of chronic disease, and some of the remarks respecting them, contained in this report.

At the head of this class of disorders we find thirty-two cases of *pulmonary consumption.* Three of these cases presented interesting appearances on dissection. In the first was found a polypous concretion of a very large size in one of the bronchiæ; the second was remarkable for the size of the excavation which had converted all the lung into a kind of sac, and had given a metallic sound to respiration during life; the third was complicated with an immense cancerous ulceration of the cœcum. In three only of these cases had the disease remained stationary:

"By the side of phthisis may be naturally grouped five or six cases of *sub-acute or chronic catarrh,* characterized by an abundant expectoration of an almost colourless matter, semi-transparent, frothy, and analogous to white of egg slightly beat up. M. Laennec calls these cases, after Juncker and Salmuth, *phlegmorrhagia;* and he endeavours to point out the characters distinguishing an

idiopathic discharge of this nature, from that which, as Bayle has remarked, indicates the commencement of tubercles, or the accumulation of miliary granulations in the lungs. Besides the diagnostic obtained by the stethoscope, in the disease under consideration, the pulmonary flux is subject to a period, return, or an increase at certain hours, which is not observed in the latter."

Eight patients had *diseases of the heart;* of these three died. The first was a young man twenty-eight years of age, in whom the contractions of the heart during life were accompanied with a very distinct, grating noise. Dissection presented an almost complete ossification of the mitral valve, and of the valves of the aorta, with hypertrophy and dilatation of the left cavities of the heart. The second case occurred in a man fifty-four years of age, who had been in the hospital twice or thrice formerly. He was admitted on this occasion with acute pleuro-pneumonia, which was treated with some success by means of large doses of tartarized antimony; but after eight days of incomplete convalescence, symptoms of pleuro-pneumonia, of pulmonary apoplexy, and of hypertrophy of the heart, with stricture of the arterial orifices, almost at once, manifested themselves — lesions, the existence of which was fully verified on dissection. It was evident, that death in this individual was the consequence of this triple complication; for the morbid structure of the heart was of itself insufficient to cause so prompt a fatal termination as that which took place, and which seemed to have been chiefly determined by the pulmonary apoplexy (effusion of blood into the air-cells and structure of the lungs). The third case was in an aged man admitted on the eve of dissolution. The disease was evident. The heart was very nearly as large as the head of the subject. Owing, perhaps, to the extreme difficulty of respiration, its contractions did not give, during life, an impulse and sound proportionate to its volume.

Amongst the patients with disease of the heart who are yet alive, there is one deserving attention. This patient, a young man aged eighteen years, yet in the hospital, came in for a slight articular rheumatism, which disappeared after a few days' use of the tartarized antimony, to the extent of six grains daily. On the fifth day of his convalescence, he presented symptoms of slight pleuro-pneumonia. M. Laennec, having at this time examined with the stethoscope the contractions of the heart, which, up to this time, he considered unnecessary to inquire particularly into, was surprised to find a remarkably strong impulse, without noise, from the left ventricle of this organ. He hesitated not to pronounce that there was very considerable enlargement of this side of

the heart, although no other symptom indicated it, and although the patient had never felt any derangement of the respiration, or of the circulation. The pleuro-pneumonia, which had just then supervened, disappeared after two blood-lettings, one application of leeches, and the use of the white oxide of antimony, to the extent of 36 grains in the day. But the usual symptoms of simple hypertrophy of the heart developed themselves, and became daily more marked. Subsequently, the contractions of the heart were tumultuous, a dull pain was felt at the præcordia, and the sound furnished by this region became obscure and checked—signs apparently announcing the existence also of pericarditis. At present he is nearly in the same state, with the addition of a breathing sound *(bruit de soufflet)* in all the principal arteries.

With respect to the breathing sound afforded by the large arteries, M. Laennec is of opinion that it does not announce any organic lesion of these arteries; for this sound is not constant, but appears and disappears suddenly, sometimes without any appreciable cause, and at other times from the simple change of the position of the patient. It is even possible to produce it at pleasure by irritating the artery by a slight pressure above the point where the stethoscope is applied. Dissection in such cases has not detected any lesion of these vessels; M. Laennec therefore thinks that this sound indicates only a spasmodic action of the arteries, or, in other terms, a continued and energetic contraction of these vessels. He remarks, that when this sound is furnished at once by a great number of arteries, it is generally a very alarming symptom, whilst, on the contrary, when it exists only in a part of one artery, as in the inferior part of the common carotid, it announces no additional danger.

"Seven cases of *chronic and sub-acute peritonitis* offered the following results:—Two terminated by death: four were perfectly cured; the seventh remains stationary. Of the two fatal cases, one occurred in a young man, and was of a year's standing. Acute peritonitis, ingrafted on the chronic form of the disease, carried off this patient. The other case was in a girl of a cachectic habit of body, in which a scirrhous-like matter was produced from the surface of the adhering peritoneum, of the thickness of an inch in some places.* The four patients who were cured were women who had been delivered one, two, or three months: in one of them the peritonitis was complicated with peritoneal tympanitis. The treatment in those cases consisted of a moderate application of leeches,

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* See a Paper on Chronic Inflammation of the Peritoneum, by James Copland, M.D., in the Medical Repository, Vol. XV. p. 372.

and the employment of mercury in the manner recommended by M. Vandenzande." *

M. Laennec prefers mercurial frictions to calomel in this disease, and makes his patients rub on the trunk and inside of the thighs, from two to six drachms of the *Onguent Napolitain* (the same as our unguent. hydrarg. fortius), in order to excite, as rapidly as possible, a slight salivation. But he finds that this end, in general, cannot be readily attained, and, as may be reasonably expected, the difficulty of arriving at it is greater, the more acute the disease, and the longer it has continued. The treatment mentioned above was efficacious in these four cases; in the seventh, which is still in the hospital, there appears to be a false membrane developed. In this case considerable amelioration of the disease followed the supervention of salivation, but as the salivation subsided, so the relief vanished.

Of four patients affected with *cancer of the stomach,* three have died. In two of these the disease terminated by perforating the stomach, and causing acute peritonitis.

Two cases of *cancer of the uterus,* of which one terminated fatally, offer nothing very remarkable. In the fatal case M. Laennec had announced, during her treatment, that there existed dilatation of the ureters, which was found to be the case on dissection. The left ureter, in particular, nearly equalled the small intestine in size. He founded this diagnostic on the ascertained propagation of the disease to the bladder, and on the constant coincidence which he has observed between these derangements, even although the insertion of the ureters into the bladder may be perfectly sound.

Two slight cases of *chronic nephritis* yielded to the balsam of copaiba.

Three patients were considered to be affected with *chronic enteritis,* of whom one died. In this patient the disease was evident. *On dissection,* the whole mucous surface of the large intestines, from the cœcum to the anus, was of a livid red colour and swollen, but without ulceration. This patient, a young man, had been affected with an inveterate venereal disease which had withstood every kind of treatment for five years. After a convalescence of two months, diarrhœa came on, which nothing could arrest.

We shall terminate our abstract of this report with a reference to three cases. The subject of one, a negro, who had been for many years afflicted with gout, was successively

* See Repository, vol. XVI. p. 234.

seized with symptoms of synovial inflammation, of inflammation of the lower extremities, of the pleura, and, lastly, of the arachnoid. After death, all these membranes were found covered with false membranes, and moreover the marks of a very acute pericarditis, which was not suspected during the life of the patient. M. Laennec has pointed out, in his work on *Mediate Auscultation*, the difficulty of detecting this disease; this fact confirms his opinion, for the patient is said to have been examined daily with much attention; and we well know that M. Laennec's examination of his patients is most scrutinizing and discriminating. The two other cases were in females, in one of whom death was the consequence of inflammation, with suppuration of the base of the anterior lobes of the brain: in addition to this lesion, two enormous fibrous bodies were found attached to the uterus, and in a state of suppuration; one was converted into a large sac, and adhering to, but not communicating with, the intestines. In the other female, death followed symptoms of scirrhus of the stomach. On dissection, the left lobe of the liver was converted into a cyst, adhering to the stomach, communicating with it by means of a large opening, and containing the remains of hydatids, amongst which a few remained entire. Both the ovaries likewise contained hydatids in great quantities, and nearly all of them perfect. *

We cannot close this outline of M. Laennec's practice at "la Charité," during the time already specified, without directing the attention of our readers to the very accurate diagnostic which the study of pathology enabled this eminent physician to give in almost every instance.

We shall continue to give a full abstract of the reports which we expect to receive from this hospital.

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* Revue Médicale et Journal de Clinique, Mai, 1824.

PART IV.

MONTHLY COLLECTION

OF

MEDICAL FACTS AND OBSERVATIONS.

Anatomy.

On Malformation of the External Ear. By M. Bernard.

Alexander Trippet, aged eight years, was admitted into the *Hôpital des Enfans* in the course of the month of September, 1822, labouring under a slight derangement of the stomach. A few days after his admission, a deep, infundibuliform cavity, the bottom of which was situated inwards and forwards, and through which the boy heard, whether the natural opening was closed or not, was observed behind the auricle of each ear and before the mastoid process: a probe introduced into this cavity passed to the depth of several lines.

The auricle had experienced no alteration, except that the opening of the meatus externus was thrown forwards, and was narrower than usual. The meatus was free, but its bottom was not visible. The hearing was dull, and the boy answered only in monosyllables. He was on the point of being discharged, when he was attacked with a malignant sore throat, which carried him off in a few days. The following appearances were observed on a careful examination of the two ears: the adventitious opening, which was wholly concealed by the auricle, terminated at the bottom of the meatus externus; the cartilage of which was wanting at this part, as will be hereafter described.

There were neither membrana tympani nor the small bones of the ear: a very thin mucous membrane lined the cavity of the tympanum and the two canals, which became anteriorly confounded with the skin: the length of the accidental canal was about four or five lines: that of the right side was closed by some thick crusts, which could not be extracted during life. The meatus externus, which was slightly contracted, was five or six lines long: it was curved forwards: the posterior part of the cartilage, interrupted by the inner orifice of the adventitious canal, was attached in one part to the base of the zygomatic process, and on the other to the mastoid. This latter eminence was excavated at its base, to form the posterior paries of the adventitious canal: the mastoid cells were only covered by a very thin layer of a compact substance.

At the bottom of the meatus externus, the internal paries of the cavity of the tympanum and the openings communicating with the labyrinth were perceptible.

In several parts the temporal bone was extremely thin; the petrous portion was, however, in no respect altered.—*Journal de Physiol. Experiment.*

Pathology.

Case of Effusion of Blood into the Pericardium. By Dr. Del Chiappa.

The subject of this case was a cook, robust, twenty-six years of age, and plethoric. He complained of difficult, stertorous, short, and wheezing respiration; pulse unequal; pain behind the sternum and towards the shoulders; dry cough and bloody sputum. The disorder was first viewed as bronchitis, and afterwards as disease of the heart.

On Dissection, a very considerable accumulation of blood was found in the pericardium. After a careful examination, "some of the *vasa vasorum* were found to have opened externally, and consequently to have furnished the extravasated blood.—*Giorn. di Fiscica, 1ier Bimest.* 1824.

On Rupture of the Heart. By A. L. J. Bayle.

From the dissection of a case which fell under his care, and an accurate examination of those related by Morgagni, Bohnius, Bonet, Senac, Morand, Ferrus, Blaud, Rostan, Andral, and others, M. Bayle has drawn the following concluclusions: —

1. That of nineteen cases of rupture of the heart, fourteen occupied the left ventricle, and principally its anterior surface near the apex; three the right ventricle; one the apex; and another the inter-ventricular septum.

2. That in the majority of cases the heart was remarkably soft, and in some cases of a brownish colour around the perforation.

3. That of ten patients affected with rupture of the heart, one was between 50 and 60 years of age, another between 60 and 70, six between 70 and 80, and two between 80 and 90.

4. That of the same number of patients, eight died instantly, one at the expiration of about two hours, and another at the end of fourteen.—*Revue Médicale, Juillet*, 1824.

Practice of Medicine.

Fatal Effects from the Abuse of Iodine.

M. Zinck has lately communicated two cases of fatal effects from the incautious use of iodine internally; and a third in which unpleasant symptoms were induced, but they yielded to a proper treatment. In one case there were besides diarrhœa, priapism, tremors of the whole body, but especially of the arms; violent palpitations, and other nervous symptoms. The body was not opened. In the second fatal case, the symptoms are not detailed, but dissection exhibited violent gastro-enteritis and other traces of inflammation. These cases strongly confirm the remarks of Dr. Gairdner respecting the caution necessary in the exhibition of this medicine internally.—*Nouvelle Bibliothèque Médicale, Juillet*, 1824.

Midwifery.

On the Causes of Abortion and on the Means of Prevention. By M. Ant. Dugès.

After an interesting inquiry on this subject, M. Dugés recapitulates as follows: —

1. That abortion is commonly the consequence of a universal *molimen*, with determination of blood towards the uterus.

2. That this *molimen* does not act in directly exciting the contractions of the uterus, but in giving it the contractility of which it is wanting.

3. That in abortion occasioned by violence done to the uterus, or by the evacuation of the waters, a sort of inflammation is required to produce the same effects as the *molimen* produces in spontaneous abortion.

4. That abortion differs especially, physiologically speaking, from accouchement at the full period, inasmuch as, in the latter case, the uterus enjoys a sufficient degree of contractility: as it has no need of aid, and as *molimen* or febrile disposition only diminishes its efforts.

5. That the means adopted for arresting the *molimen* are the most proper for preventing abortion, and that bleeding holds the first rank amongst them.

6. Finally, that from the utility of bleeding for facilitating accouchement at the full period, one cannot argue against its efficacy for the prevention of abortion; the circumstances being not only different, but even wholly opposite.—*Revue Médicale, Juillet*, 1824.

PART V.

POLITICAL MEDICINE.

MEDICAL JURISPRUDENCE.

CASES in this branch do not often occur; but we present one this month that involves some curious considerations, extending much beyond the scope of its particular application.*

Question of MALA PRAXIS; *Pseudo-Physicians, &c. &c.*

WORCESTER ASSIZES, AUGUST 4, 1824. PIERPOINT *v.* SHAPLAND. — "The declaration stated, that the plaintiff was a Physician and Surgeon, and had in these characters attended one *Mary Isaac* with attention and skill; but that the defendant spoke certain words imputing to him improper conduct towards the patient (especially in respect of the administration of an emetic), with a view to injure him in his profession. This defendant pleaded the general issue, and also several pleas justifying the slander as true, and asserting that the plaintiff so unskilfully administered an emetic to *Mary Isaac* as to endanger her life."

From the speech of the opening counsel, we gather that the plaintiff had practised for some years at Worcester, and that the defendant was *a lady!* So long ago as March, 1823, plaintiff had attended *Mrs. Isaac*, in consequence of the death of her previous Physician, *Dr. Woodgate*, MR. *Pierpoint* having "attained a very considerable share of practice." He attended her for five days, at the end of which she was so much better that she proceeded to visit a family eight miles distant. When she returned home she was again unwell. Plaintiff again visited her, and thought *an emetic* necessary. This emetic is represented as having done her a great deal of good. Shortly afterwards she went from home on another visit, in the course of which she became ill, from excessive exertion; and in that state returned to Worcester. Her sister, the defendant, now prevailed on her to discontinue the services of *Pierpoint*, and to put herself under the care of *Dr. Malden*. It was in the course of an interview between the defendant and another lady, at the house of the patient, that the slander was uttered — she, *Miss Shapland*, stating that plaintiff was a fool, and had nearly occasioned the death of his patient. This other lady again detailed to the plaintiff (who called on her for the purpose of knowing whether *Miss S.* had asserted any thing to his prejudice), that defendant thought the emetic a rash expedient. The slander spread, and *Pierpoint* delayed to seek redress solely on account of the aggravated state of *Mrs. Isaac's* illness. *Miss Shapland* placed the charge in the record, and asserted in the most solemn manner that it was true. Plaintiff now challenged her to the proof, and sought damages *adequate* to the injury sustained.

John Cruickshank, Esq., Secretary to *the Marischal College of Aberdeen*, came out o' the North to prove him a Doctor in Medicine.† He obtained the *summi*

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* See our preamble to the first article on Political Medicine, in the Number for January last. The present case has reference likewise to Medical Police.

† Since this article was drawn up, we have heard that the BLACKFRIARS' INQUISITORS have dissolved themselves — perhaps in consequence of a discovery we claim reward for having promulgated in our Number for June. — [Case of MALMSEY *v.* ABBOTT, page 528.] — The folk of Aberdeen are sharper. Their secretary was prepared with more proof than the court thought necessary to verify the document in question. While we are upon this point, we should like to know what was the nature of the evidence by which it was proved that Doctor Pierpoint, of 1822, was admitted a Member of the College of Surgeons in 1811. Had Mr. Belfour the pleasure of meeting Mr. Cruickshank on the great occasion? If, as we presume, the Society of Apothecaries intend to *enact*

honores from that university in 1822 for 26*l.* It was also proved that he had been admitted a member of the College of Surgeons in 1811.

Mrs. Clifton swore that *Miss Shapland* had abused the plaintiff for a fool, &c., and had seriously disapproved of the *emetic* — the good effects of which she (Miss S.) explained on the hypothesis of LUCK — "it was all luck." *Mrs. Isaac*, she (the defendant) stated, had been dying by inches under *Pierpoint's* management, &c. &c. *Mrs. Clifton*, the witness, being what is known in society as *a friend to both parties*, and feeling for the plaintiff's reputation, upon which his livelihood depended and that of his family, endeavoured to act the peace-maker; whereupon *Miss Shapland* went over the same ground again, and with becoming spirit and pertinacity adhered to her former line of conduct. On her cross-examination, this witness stated that defendant was usually called *Mister*, not *Doctor P.* His own counsel here observed, that they had notice to produce the brass plate on his door; which plate, however, the witness stated to designate "MR. PIERPOINT" *simpliciter*.

From the evidence of an Apothecary (who was called to prove that the plaintiff had practised as a Physician), we learn, that it is the custom in Worcester to practise physic and surgery, or (we suppose) whatever comes uppermost.

Mr. E. Morris stated, that *Pierpoint's* prescriptions had been made up in his house, and that "if he knew a patient was afflicted with a large tumour in the stomach, he should not prescribe an emetic."

Mr. Russell, for the defendant. — "By this declaration, *Mr. Pierpoint*, after calling himself in one count a Surgeon, in another a Physician, and in a third "a Medical Practitioner," so as to include the anomalous character he filled, without a proof of a farthing damage, had the impudence to ask the jury to give him 5000*l.* . . . . . The first question which the jury would have to ask was — whether the defendant spoke the words imputed to her wickedly and maliciously, and with intent to injure the reputation of the plaintiff? because, if she spoke them on any justifiable occasion, she would be entitled to a verdict on the general issue. When they considered that she found *Mr. P.* attending a beloved sister, to whom he had been called during her absence — that she conceived her sister had suffered from his want of skill — and that she addressed her complaint, in the fulness of her heart, to her intimate friend, at a moment when even mistakes arising from the apprehensiveness of love might be excused, surely they would not think that she was liable to an action when her confidence was betrayed. . . . Was it to be endured that a Surgeon should take umbrage at the calling in of fresh medical aid, demand an explanation, and then bring an action for the explanation given? . . . But *Miss Shapland* would not leave the case here; she would establish her justification; she would shew its truth to the letter, and call on the jury to confirm her opinion by their verdict. *Mrs. Isaac* died of a large tumour in the stomach, inflamed and ulcerated, which, with the diseased part attached to it, was found to weigh no less than seven pounds on the opening of the body. And yet *Mr. P.* two months only before her death administered a violent emetic, which must tend greatly to heighten inflammation, and aggravate all the symptoms of the disease. And what drink did he prescribe? The jury would be surprised to hear that he recommended brandy and water as a proper beverage for daily use! The effects of this treatment were such as might be expected; the patient grew worse, and was found by *Dr. Malden* in a state of high fever, attended with violent inflammatory symptoms, which he was forced to reduce by medicine and bleeding. . . . The defendant had been brought into distressing publicity by the conduct of a treacherous friend."

A female servant, sworn.* — This witness was within hearing when the plaintiff paid his first visit to *Mrs. Isaac*. "She requested him to examine her stomach, as she thought there was an enlargement, and something growing in

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a secretary at the next meeting of parliament, we think they had better provide several — one for *the home department*, and one *to travel each circuit* along with the clerk of the arraigns.

* We do not profess to give all the evidence — we omit every thing that does not appear to us to bear fully on the professional merits of the case.

it. He told her not to alarm herself; there was nothing there, and all would be well. Pills came, and then an emetic — I gave the emetic; it operated with great violence. . . . While it operated, *Mrs. I.* seemed in great pain. The next day, she said, she was a little relieved, but her stomach felt very sore. After this *Mrs. I.* grew worse. . . . She took pills, and drank brandy and water twice a-day by *Mr. P.'s* direction: after *Dr. Malden* was called in she took no more brandy and water." *Cross-examined.*—"A dessert-spoonful of brandy in a small tumbler of water was ordered for her by *Mr. P.*"

Dr. Malden.—"I have practised since October, 1817. I was called in to attend *Mrs. Isaac* on the 27th April in last year. At that time she was visiting at the house of *Mr. Welch*, at Hawford. She had then considerable fever. Her pulse was at 100 in a minute. I examined the stomach. She complained of tenderness in several parts, but not severe; it seemed to arise from distention by air, and the inflammation of the contents of the abdomen. I ordered medicine, and proposed bleeding to subdue the inflammatory symptoms. On her return to Worcester, she was bled by the lancet, and repeated by leeches. The inflammatory symptoms left her under this treatment. I ordered her to discontinue brandy and water, as too much inflammation then existed to allow of such a stimulant. I examined the body of the lady after death, and found a large tumour (which the witness particularly described). *It must have existed many years.** *Diluted* brandy *and water* would not hurt the stomach in that state, if inflammation did not exist. In the state I found her it would be improper. *If I had ascertained the existence of so much disease as I found during the life of the patient*, I should have considered an emetic improper. I found too much organic disease in the region† of the stomach to allow me to administer an emetic. I think *I should have discovered it a month previous.*" ‡

Cross-examined.—"If inflammation be excited by vomiting, it is likely to begin from the time of the vomiting. If the patient became better, and so continued for a fortnight, I should infer that the inflammation was not caused by the emetic. I have practised seven years at Worcester; the plaintiff came after me. I know nothing about *Mr. P.'s* practice; he is a particular friend of mine. Medical men differ as to the propriety of administering emetics in particular cases. *Mrs. I.* got considerably better for some time, but she died. *Mr. P. had no notice of the opening of the body.* I can attribute appearances in the stomach to the emetic, because it was impossible, in taking a review of the probable exciting causes, to leave the violent action of an emetic out of the question. I cannot speak to a year or two years. I do not recollect having said that, in my judgment, the treatment was proper; but I will not swear it. I may have said something favourable to *Mrs. P.*, as I wished to give a favourable impression of his conduct and skill."

Dr. Hastings (of Worcester) was called — but nothing was elicited. He had never seen the patient while living, and did not speak decisively.

Dr. Lewis—"judging from the description of the body and the state of the patient — thought the administration of the emetic injudicious, and the brandy and water likely to produce inflammation — and *that a medical man ought to have discovered the tumour.* If, however, the emetic produced relief, the stomach could scarcely be in a state of ulceration. Soreness would manifest some inflammation, or might arise from mere muscular action."

After this, evidence was called in reply, on behalf of plaintiff.

Mrs. Welch said little to the purpose on her examination in chief; being cross-questioned, she described, in a vivid manner, the attachment between the sisters, and the distress of the defendant at the death of *Mrs. Isaac.*

"*Dr. John Johnstone*, of Birmingham, in extensive practice for thirty years, said the expedience of administering an emetic must depend on the symptoms of the moment. If called in when *Dr. Malden* was, he could not tell what the

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* Compare this acknowledgment with our remark below, as to its having escaped the notice both of the plaintiff and this witness.

† *Query.* If this word be not a mistake for *cavity.* We quote from newspaper report.

‡ How came it then not to be discovered a month later, when there is no reason to suppose that there was increased difficulty?

symptoms had been on the 10th of April, nor judge of the expedience of administering an emetic.* If the patient felt relieved, he could not ascribe symptoms of inflammation then appearing to the emetic. He did not think the appearances discovered in the body would be attributed to that cause. If there was no direct tendency to inflammation, weak brandy and water would do no harm. Great caution would have been necessary in administering an emetic."

Drs. Christie and Berrington thought, that if the emetic had produced inflammation, the patient could not have taken a journey and walked out after it.

Mr. Justice Littledale was of opinion, that the expressions were not used in any privileged communication, so as to entitle the defendant to a verdict on the general issue. "The simple question was — whether the justification was proved, which asserted not only that the emetic was injudiciously given, but that it was so injudiciously given as to endanger the patient's life. If the jury thought this allegation not proved, they must find a verdict for the plaintiff; but they might take into their consideration all the circumstances under which the words were spoken; as the affliction of the defendant, and the appearances on which her opinion, whether groundless or not, was formed, for the purpose of mitigating the damages."

In a few minutes the jury found for the plaintiff — damages thirty-nine shillings.†

REMARKS. — This is a case of a very interesting nature. It was a trial at law to ascertain the propriety of administering a particular medicine under particular circumstances. The question had not fair play — it might have been much more freely investigated had not the Aberdeen Doctor put in the ridiculous claim to 5000*l.* sterling money‡ as the price of a few angry words uttered by one female to another. Whatever the emetic did to Mrs. Isaac, this astounding dose of compensation poisoned the real merits of the question at issue. Two things are manifest enough — *first*, that the presence of so large a tumour in the stomach ought not to have escaped the observation of the Physician, if it was palpable to the touch of the patient; and, *secondly*, that it was not discovered either by *Mr. Pierpoint*, or even *Dr. Malden*. We do not learn of what make or habit the deceased was — all we can infer, from some allusions on the part of witnesses, is that she was not a young woman.

We wish not to vex *Mr. P.*, in particular, after this tremendous overthrow — for such it must be considered; but we cannot imagine, as the case is represented, what cause there was to go to law, beyond a litigious disposition. We have, however, a greater object to accomplish — for which we are indebted to this case, on the score of opportunity.

So now for a word about ABERDEEN *degrees*. The price of a diploma, as stated, on oath, by the proper officer of the College, is 26*l.* — the stamp costs 11*l.*, and the rest is scattered among the members of the Senatus Academicus by way of fees. We know that the piece of vellum costs something; that a few

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* If *Dr. Johnstone* actually said so, we beg to submit, whether, as *Dr. Malden* was called in about a fortnight after the exhibition of the emetic, no account of the symptoms at that time was to be had — whether it was likely that the circumstances, as they then stood, were not revealed to *Dr. Malden* — and whether the duty of a Physician, under such circumstances, was not to have inquired diligently as to the preceding symptoms, when a remedy of that nature had been employed in such a disease?

† The report is accompanied by the following observation: — "The trial was not over till after nine in the evening, having lasted just twelve hours. In fixing the precise amount of damages, the jury were probably influenced by an erroneous idea that a verdict for less than 40*s.* will not carry costs; whereas, when a justification is pleaded to an action for words, the smallest damages entitle the plaintiff to full costs on the special pleas; though it is otherwise when the defendant relies on the general issue." The jury was special.

Mr. P. having got costs, of course has escaped an additional charge for his diploma, in the shape of Mr. Cruickshank's expenses in coming up to prove its genuineness and regularity, and all that sort of thing.

‡ It reminds us of the famous calculations for board, lodging, damages, interests, &c., of the old lady in "The Entail."

shillings (not many, to be sure,) go to old *Todd*, if he be not dead or past labour, (if so, to some other calograph,) for writing the Latin, the reading of which is represented as having created much laughter in the court. *Mr. George Pirie*, the sacrist, must be paid for stamping the wax, furnishing the tin box, blue riband, &c. The amount of all these driblets may be 1*l.* — things being *reasonable* at Aberdeen. Remain near 14*l.* If we mistake not, the claimants on the dividend are the Principal and Professor of Divinity — a pluralist, holding both offices — and nine other Professors, one of whom we presume to be secretary, also a pluralist. Here are twelve claims; so, allowing the Principal two shares, besides one as Professor of Divinity, the very lowest portion we can imagine — and allowing two shares to the Professor who happens to be secretary, we have the mortification to find that the majority of this learned body pocket 1*l.* 3*s.* 4*d.* each, * by inaugurating a Doctor of Physic; and this is what Samuel Johnson, LL.D., had the liberality to call "getting rich by degrees." *Proh pudor!* If we thought that this simple statement of ours were likely to come under the notice of the "very eminent men" (as one of the counsel in the foregoing case termed them), we would take upon us to submit for their consideration — whether it would not be more consistent to lay some small addition upon the College fees of those whom they educate in the ordinary course of their duties, and (as we well know) educate admirably, as far as their opportunities extend, in classics and philosophy, rather than submit themselves in this manner to the honest indignation and well-merited contempt of the body of real Physicians, by sending in among them a parcel of men of straw.

Having said enough, *for the present*, about the DEGREES, let us apply a few words to the GRADUATES. We have called them *men of straw*, and are prepared to shew cause why we consider them so. A quidam Apothecary desires to become a member of that order which appears to earn a livelihood by the process less mechanical than making up prescriptions, viz. that of writing them. He has two good friends already in the order, to whom he applies for testimonials, setting forth how eminently qualified this person is to be invested with the highest honours in medicine. These documents and the 26*l.*† being duly forwarded, the honours turn up forthwith, and the *Doctor* is at liberty to gazette himself in whatever way he may deem most suitable.‡

His object, of course, is to practise after the fashion of Physicians. If *general* practice be in the wind, he obtains a license from the College of Physicians; and goes on prosperously, till at some future day he acts the friendly part of a certifying Doctor to one of his *ci-devant apprentices* — who probably paid him a handsome consideration for the good-will of the old shop, physic, and fixtures.

And now we shall be told that all this is extremely illiberal and impertinent — much of it being, moreover, untrue — that one licentiate is as much a Physician as another — and so forth. Not so, *Mister Doctor*. You are, to be sure, according to common law, or it may be according to statute law, M.D. as well as ourselves or any body else; but your license from Pall Mall (Warwick Lane no more) can neither make you nor mar you as to the foundation on which you have been built. Beyond Oxford and Cambridge all learning is foreign; and to use medical science for the purpose of curing diseases without a permit would be contraband dealing. The price of the license is but a tax upon foreign goods, and the examination analogous to an inspection for *fomites*. You may sign your name to a prescription without fear of fine or imprisonment, and you may be admitted to a seat at a consultation; but this is literally *all in the* LONDON *way of business*, and is no evidence of your qualification to be what you have contrived to get yourself called. You are not of the ancient ARISTOCRACY — you are a NOVUS HOMO, of a *caste* unknown to HIPPOCRATES: no security has been taken for your good behaviour, and the Physicians have no guarantee that you will not bring their name and dignity into contempt, by hankerings obedient to the force of early habit.‖

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* We have since been told that this is an extravagant calculation.

† We are not told whether the money is Scots or sterling — we shall suppose it the latter, 26*l.* Scots being only 2*l.* 3*s.* 4*d.* of the current coin.

‡ As, for instance, by a valedictory address to the *Dii minores*, in the newspapers.

‖ The distinction was admirably drawn upon the trial of Warburton junior,

We believe that a great reformation is about to take place in medicine; and a mighty engine for this purpose will shortly be in full operation. Nothing, since the days of Linacre, has been projected paramount to the Association of Physicians, announced in our last. They have taken high ground; but they have begun upon a broad and firm basis; and ere long we doubt not that the *peerage* of the Profession at large will be found united in the grand objects of rescuing from degradation, and of maintaining in dignity and purity, the character of the Physician; and of promoting the cultivation and improving the exercise of that noble art, which even in the remotest era of antiquity was less sullied, perhaps, than it is now.

By a bye-law of this Society, its members are interdicted from aiding the traffic in these spurious degrees; and we confidently trust, that at some early meeting of the *Senatus Academicus Aberdonensis*, it will be announced that

JOHN CRUICKSHANK'S *occupation's gone!*

Infanticide.

A trial for the murder of a new-born infant took place during the assizes now holding, upon which there was more intelligence displayed, both on the part of the counsel and the professional witness, than we have any recollection of with regard to this particular subject. We regret to say that the judge interfered with regard to the validity of the hydrostatic test, in a manner that baffles our comprehension. He gave an admirable charge on the moral history of such cases in general — a charge which does honour to the bench; but we could have wished that he had not spoken as he did on the pure physiological question. Notwithstanding the great length of this article, we should have given some of the particulars, had it not come to our knowledge that the principal medical jurists of the country are seriously occupied with the case — intending to publish some counter-statements. We are the less anxious about it, as the question is now likely to undergo a thorough sifting. It is perhaps due to Dr. Smith to add, that we had received his communication before the report of the trial made its appearance.

We are requested on the part of Dr. Gordon Smith to state, that he is under the necessity of postponing his intention of lecturing on Political Medicine this season.* His friends are aware how frequently he has of late been laid aside; and his health is in too precarious a state to warrant the contraction of so important an engagement with the public. He trusts that the delay which may intervene, before he can execute an object that he has so much at heart, will prove advantageous to the ultimate accomplishment of his wishes.

In the mean time, he has resolved to occupy himself, more fully than has yet been done by any individual, with the important and ill-understood subject of proving or disproving the vitality of new-born children — or, to speak technically, of *Infanticide*. There is no point in *Forensic Medicine* on which so much perplexity exists, and for the elucidation of which so little has in reality been done. He is persuaded that this is owing in great measure to want of due pains being fairly bestowed — for whether the existing state of knowledge be estimated positively or negatively, no one who has at all looked at the question can be unaware that there is much work to be gone through ere satisfactory conclusions can be formed.

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the *cow-leech*, at the instance of our Blackfriars' friends, at Stafford Assizes, April, 1819. His sire and Gamaliel was produced as *a witness*, instead of *a culprit* (being a first-of-August-man), and on his cross-examination by Mr. Dauncey, was asked of whom he had learnt his *present* business. "I learnt it of Dr. Holme, my brother-in-law — he practised the same as the Whitworth Doctors, and they were regular Physicians. — Where did they take their degrees? I don't believe they ever took a degree. — Then were they regular Physicians? No, I believe they were *only Doctors*. — Only Doctors! Were they Doctors in law, physic, or divinity? They doctored cows and other things, and *humans* as WELL." — The whole trial is beyond measure curious.

* We cannot omit this public opportunity of expressing our regret that a

It is almost impossible for any individual — at least Dr. S. feels that it is beyond the compass of his own power — to do justice to the problem; as few who possess the means can be supposed to have the leisure requisite to collect, arrange, and apply the necessary data. But he relies on the zeal and liberality of the Profession to aid him in so important an undertaking. He therefore solicits from those who may have opportunities of handling the bodies of new-born infants a few items of information, which he hopes will not occasion much trouble, and the aggregate of which he trusts he may be enabled to apply with precision and advantage — so that the truth may be established, either the one way or the other, and to its due amount, with regard to certain doctrines that have been bandied about, for many years, without any fair or satisfactory estimate as to their practical import.

Simple answers to the following queries form the object of the present application — premising that the subjects chosen must be perfect — that is, of ordinary development, free from redundant parts, mutilation, disease, or putrefaction; and such as are *unquestionably* of the class to which they may be assigned: if in any particular instance there should be points in morbid anatomy which, in certain cases, might greatly assist in coming to appropriate conclusions, they should be stated.

The subjects being classed, first, as STILL-BORN, or such as have never respired; and, secondly, as VIVI-BORN, or those that have come into the world alive, but have died within twelve hours; the queries may be attended to in the following order: —

CLASS I. — *Subjects* STILL-BORN.

Required —

1. The sex.
2. Period of gestation when born.
3. How long KNOWN, or *supposed* (as the case may be), to have been dead *in utero*.
4. The cause of death.
5. Nature of the labour.
6. Exterior aspect of the body.
   - α As to colour.
   - β — integrity.
   - γ — development.
   - δ — formation.
   - ε — marks of violence, ecchymoses, or any peculiarity.
7. Length from the vertex to the under part of the heel.
8. Point at which the middle length of the body falls — to be given as regards its distance from the umbilicus.
9. Weight of the whole body prior to any interference with its integrity — to be accurately given in ounces and fractions, stating the species of weight used.
10. Aspect of the lungs *in situ*, on opening the thorax, and form of the diaphragm.
11. Weight of the lungs separated from all attachments, avoiding the spilling of contents.
12. Weight of any fluid that may escape from the trachea on holding the lungs over a vessel in the scale in an inverted position — but not squeezing them — and the fluid to be described.
13. Result of placing the lungs in a washing basin of water, first entire, then separately; *i. e.* the right and left lung each by itself, noting if there be

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prospective departure from the metropolis, for some considerable time at least, is about to deprive us of the very agreeable society, although not of the correspondence, of Dr. Gordon Smith; nor do we expect altogether to lose the former — the latter we hope still to enjoy; for we well know, that his love for his profession, his desire to contribute to its science, and his anxiety to see the Professional character respected by the public and by the members of the Medical Profession themselves, cannot fail of bringing him before our readers on many a future occasion. — EDITORS.

any difference of buoyancy in either, and which; as also when cut in pieces, noting any morbid appearances in these organs.

14. Weight of the liver, &c., managed in the same way — with the exception of placing it in water.
15. State of the alimentary canal, in regard to contents.
16. State of the urinary bladder.
17. State of the gall-bladder.
18. State of the ductus arteriosus and venosus.
19. Colour and consistence of the blood, specifying the part or parts of the body in which the observation may have been made.

CLASS II. — *Subjects* VIVI-BORN.

Required —

1. The sex.
2. Period of gestation when born.
3. First actions.
   - α As to crying, or manifestation of the respiratory process.
   - β — state of the umbilical cord.
   - γ — evacuations *per anum ac urethram.*
4. Cause, manner, and time of death.

Then assume the queries as in the other case.

It is neither expected nor desired that any individual shall take the trouble to furnish *a list.* One case, properly investigated, and clearly stated by an intelligent hand, will be worth hundreds of such as seem to have been collected abroad, one hardly knows how. In order, however, to impart necessary satisfaction as to the authenticity of the materials, it will be essential that those who may be pleased to transmit the result of their inquiries should verify them with their signatures; and in all cases, where practicable, Dr. S. will scrupulously acknowledge his obligations.

Communications may be forwarded for Dr. Gordon Smith, to the care of Messrs. Underwood, 32, Fleet Street, London; and he leaves the economy of transmission entirely to the convenience and discretion of correspondents.

On the State of Pharmacy in Spain.

Before the return of Ferdinand the Seventh to Spain, pharmacy was exercised under the protection of laws which emanated partly from the government of Charles III. and partly from that of Charles IV. The direction and superior police were confided to a tribunal, junta, or council, called *real proto-medicato*, formed of a president (*proto-medico*), of a vice-president, with the same title, three counsellors, taken from the three branches of the healing art, with the titles of *proto-medico*, *proto-cirujano*, and *proto-pharmaceutico*, of nine judges, (*alcaldes*), perpetual examiners, taken in equal number from the three branches of medicine, some assessors and supernumeraries, and a secretary or fiscal.

Colleges of pharmacy were established in the towns of the first and second rank. They conferred the right of practising with the title of *master*, and directed the medico-pharmaceutical police of their *arrondissement.*

The *proto-medicato* had delegates at the colleges in the towns of the first magnitude, and sub-delegates at those of the second. These officers presided over the colleges, had an eye over their operations, and kept up a correspondence with the authority whence they held their mission.

In order for any *pharmacien* to settle in a village of the first and second order, it was necessary to be received in a college presided over by a delegate; and in order to fix in towns not comprised in the first and second order, it was required that he should be received in a college presided over by a sub-delegate.

The right of practising in all the states of the Spanish monarchy was attached to those admitted at Madrid under the authority of the *real proto-medicato.*

The sons of a *master* enjoyed the privilege of being received and practising in the city where their father kept shop.

In some towns of minor importance, the exercise of pharmacy was not subjected to college receptions. The municipal authority licensed those who had certificates of capability from a master.

The knowledge required of the candidates related more especially to manual operations, and the most elementary notions of the sciences on which pharmacy is founded. Literary studies were much neglected. There were, however, in Spain some learned pharmaciens, as Carbonell, Ortega, Diaz, Bueno, Raiz, Banarez, &c., who contributed to raise it to the rank of a science, and to procure its present organization.

This organization, the result of long meditations, commenced in 1804, by the establishment of a superior junta at Madrid, for the management of pharmacy, and independent of the juntas of medicine and surgery — was perfected in 1815 by the institution of four academies or faculties of pharmacy, regulated by particular laws, and free from any dependence on the other faculties. These held their seat at Madrid, Seville, Barcelona, and St. Jaques de Compostella.

These divide the kingdom into so many districts, and are answerable for their proceedings to a committee of directors "*la real junta superior gubernativa de la facultad de farmacia*," composed entirely of *pharmaciens*, under the presidency of the first *pharmacien* of the king.

Instruction is divided in each faculty into four parts; natural history — physics and chemistry — materia pharmaceutica — and experimental pharmacy. To each is attached a professor, and sometimes an adjoint to the chair.

The presidency, conservation of the cabinets, and laboratory, the secretaryship, and the administration of the funds, are all under the patronage of the professor.

The degrees conferred are those of *bachelor*, *licentiate*, and *doctor*.

The duration of study in the faculties is four years: those of the practical studies in the shops not less than two years.

Students are permitted to matriculate on proving their qualification by a liberal education and the diploma of master of arts. At the end of the scholar year, they undergo an examination on the subject treated of in the course which they ought to have followed in the order of the regulation for instruction; and their year is doubled if they have neglected to attend the lectures, or have not profited by their instruction. After the fourth examination they obtain the diploma of bachelor of pharmacy. This title does not give them the right of practising: that is obtained by the degree of licentiate. This is not, except by dispensation, conferred until the age of twenty-five, after a long examination on pharmacy in general, and the exposition of a *chef-d'œuvre* formed of two products, which afford subject for question both of theory and practice.

The degree of doctor is rarely taken; but is necessary for a candidate for a chair. It is obtained by presenting the diploma of licentiate and sustaining a thesis in Latin.

The ceremonial which accompanies the reception of doctor is imposing by the pomp displayed in it, and considerably resembles that formerly observed in the academies of Holland at the inauguration of a doctor publicly received, and is *more majorum*, or according to the custom of the time at which Belgium was under the Spanish dominion. The academic corps, followed by the candidate and his *padrino*, is introduced in procession to the auditory, with the sound of musical instruments performing a triumphal march. After sustaining his thesis and the administration of the oath to practise honourably and to devote himself to the service of humanity, the *padrino* presents him with a ring, as a symbol of alliance with the faculty — with white gloves, as a symbol of purity; girds him with a sword, as a proof of the nobleness and dignity of the title of doctor; gives him the codex as his guide in practice; proclaims him doctor, and allows him the honours of it by permitting him to sit at the bench with his colleagues; and finally addresses a speech to him, after which the assembly retire in procession, with the flourish of trumpets. The situation of professor is obtained *au concours*, which is opened at Madrid, in presence of the *real junta superior gubernativa de la facultad de farmacia.*—*Journal de Pharmacie, Mai*, 1824.

MISCELLANEOUS INTELLIGENCE.

Of the Influence of Belladonna in preventing the Infection of Scarlet Fever.

Professor Koreff, in a letter to M. Laennec, states "that observation clearly proves that belladonna, taken for some time, either in powder or in extract, produces, in infants especially, a redness of the skin, which is sometimes transient, but at others more durable; dryness of the mouth, with a sense

of heat in the throat: dilatation of the pupil; anxiety, &c.: symptoms having much resemblance to those accompanying scarlatina. The effect of belladonna has also this in common with scarlatina, that neither of them invariably produces redness of the skin, whilst the affection of the throat is always present." These analogies induced *Dr. Hahnemann* to consider this substance as the proper antidote against scarlatina. It was not, however, until Professor Koreff received the assurance of Soemmering that he had obtained the best results from it, when the disease raged epidemically, that Professor K. determined to employ it. Scarlatina was producing ravages almost as fatal as contagious typhus, at the time when he determined to try its efficacy; and so beneficial were its effects, that "he had the happiness to protect from this dreadful contagion almost all those who took the belladonna with a little perseverance, and of these there were many thousands." He farther states, that he has since found this antidote equally efficacious in different climates and in epidemics of opposite characters.

M. Koreff gives the following instructions respecting the exhibition of the belladonna:—

"The powder mixed with sugar, or the extract made very carefully from the juice of the recent plant, are employed after the following formulæ:—Extract of belladonna, three grains, dissolved in an ounce of cinnamon water. Powder, or root of belladonna, two grains, mixed with ten drachms of white sugar, divided into sixty doses. From half a dose to a whole one is given to a child from six months to two years old, four times a-day; to children from three to six years old, from a dose to one and a half; to those from six to nine, two to two and a half; to those from ten to twelve, three to four and a half. Of the solution, a drop is given for every year of the child's age, once a day, and fasting. Observation has shewn that, when the epidemic is very fatal, or the intercourse with the patients very frequent and intimate, it is prudent to increase the dose a little. It has not yet been possible to determine, in a satisfactory manner, the length of time which is necessary to eradicate by this remedy the susceptibility of the contagion. Every thing leads us to believe that the remedy, if used during a time too short to ward off the contagion, moderates very much the malignity of the disease. We know for certain, that the remedy does not permanently overcome the disposition to scarlatina; and it is necessary to resume its use on every recurrence of an epidemic. We have always observed that the most intimate communication with the sick does not produce the disease, provided the medicine has been employed eight or nine times previous to being exposed to the contagion, and continued up to the period of desquamation; a circumstance very important to nurses. It appears more certain to begin with rather strong doses, in order to guard against the first impression of the contagion, and to diminish the quantity after a few days. No sensible effect has been observed to follow the continued use of this small quantity of belladonna. Up to the present time, neither season nor locality, nor any other circumstance, has appeared to diminish the preservative effect of this plant."

After remarking that the belladonna does not exercise the same power over miliary scarlatina, he proceeds:—

"Do not believe, my learned colleague, that these results have been too lightly deduced, or from a small number of individuals, or from epidemics of little violence. It is from entire provinces,—from cities affected with this terrible scourge,—from epidemics the most fatal, in all seasons, and in localities the most diversified,—on individuals of every age and of every condition, that observations have been made with the greatest accuracy, and have led to the above results."

MONTHLY MEDICAL BIBLIOGRAPHY.

BRITISH.

The Economy of the Eyes: Precepts for the Improvement and Preservation of the Sight. Plain Rules which will enable all to judge exactly when, and what Spectacles are best calculated for their Eyes: with Observations on Opera-Glasses, &c. By William Kitchiner, M.D., &c. Pp. viii. 246. London. 1824.

The preservation of the sight is obviously a most important object. The

measures resorted to for this purpose are frequently pernicious in themselves, and still more so from misapplication. These the author has pointed out most satisfactorily, and given copious and minute directions for choosing and employing the means within the reach of all, and for avoiding whatever may stand in the way of accomplishing the objects set forth in the title-page: the whole is treated in a comprehensive and lively manner. We recommend the work to our readers, to whom the "Economy of the Eyes" is a most important matter.

FOREIGN.

Nouveaux Elémens de Chirurgie et de Médecine Opératoire, ouvrage contenant l'Exposition complète des Maladies Chirurgicales et des Opérations qu'elles réclament. Par L. J. Begin, M.D., &c. &c. Paris, Mequignon-Marvis. 8vo. pp. 600.

This work will be found a useful book of reference to the surgical practitioner: the different modes of operating practised by the most eminent French Surgeons are detailed in it, and, so far as we have had an opportunity of observing, correctly described. The author is a determined Broussaist, which is no recommendation to him.

MONTHLY LIST OF BOOKS RECEIVED FOR REVIEW.

Original Cases, with Dissections and Observations, illustrating the Use of the Stethoscope and Percussion in the Diagnosis of Diseases of the Chest; also Commentaries on the same Subjects, Selected and Translated from Avenbrugger, Corvisart, Laennec, and others. By John Forbes, M.D., Physician to the Chichester Dispensary. 8vo. Pp. xxxvi. 302. Underwoods, 1824.

Principles of Medical Science and Practice. Part I. Physiology. By Hardwicke Shute, M.D., Physician to the General Infirmary, and to the County and City Lunatic Asylum, Gloucester. 8vo. Pp. 565. Longman's, 1824.

Medical and Surgical Cases; selected during a Practice of Thirty-eight Years. By Edward Sutleffe, Queen Street, London. "In every work regard the writer's end." 8vo. Pp. 628. London, 1824.

Mélanges de Chirurgie Etrangère. Par une Société de Chirurgiens de Genève, composée de MM. J. P. Maunoir, C. T. Maunoir, Professeurs, F. Mayor, C. G. Peschier, J. C. Morin, J. P. Dupin, F. Olivet, Docteurs en Chirurgie. 8vo. Pp. 476. Genève, 1824.

Strictures on Phrenology; shewing that Anatomy, Reason, Common Sense, and Scripture, are not in accordance with Phrenological Principles. By Thomas Rolph, Surgeon, &c. 8vo. Pp. 95.

LITERARY INTELLIGENCE.

Messrs. Underwood will shortly publish a Dictionary of Pathology and Practice of Medicine, in one very large Volume octavo, on a similar plan to Mr. Cooper's Dictionary of Surgery.

Mr. Charles Bell, Professor of Anatomy and Surgery to the Royal College of Surgeons, will immediately republish the Papers detailing his Discoveries of the Functions of the Nerves, which have appeared in the Philosophical Transactions, with an Introductory View of the Nervous System.

Early next month will be published, by Messrs. Underwood, Lectures of Sir Astley Cooper, Bart., on the Principles and Practice of Surgery, with Notes and Cases, by Frederick Tyrrell, Esq., Surgeon to St. Thomas's Hospital.

In the press, an Analysis of Medical Evidence, with Directions to Practitioners in the view of their becoming Witnesses in Courts of Justice; and a copious Appendix of Medical Depositions and Examinations, by John Gordon Smith, M.D. &c .&c.

In a few days will be published, Commentaries on Diseases of the Stomach and Bowels of Children, by Robley Dunglison, M.D.

Dr. Clutterbuck is preparing a New Edition, with considerable Additions, of his Work on Fever.

Mr. Dunlop, Lecturer on Medical Jurisprudence in Edinburgh, is preparing an Edition of Dr. Beck's Work for the press.

Mr. Fosbroke, Surgeon, Cheltenham, is about to publish Observations on the Treatment of Deafness, with Cases.

NOTICES OF LECTURES.

Dr. Copland, on the Principles and Practice of Physic, and on the Materia Medica and Pharmacy.

Dr. Dunglison on the Principles and Practice of Midwifery.

Mr. Frost on Medical Botany.

Mr. Curtis on Diseases of the Ear.

THE METEOROLOGICAL JOURNAL,

From the 19th of JULY, to the 20th of AUGUST, 1824.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

July.	Moon.	Rain Gauge.	Therm. 9 A. M.	Therm. Max.	Therm. Min.	Barom. 9 A. M.	Barom. 10 P. M.	De Luc's Hygrom. 9 A. M.	De Luc's Hygrom. 10 P. M.	Winds. 9 A. M.	Winds. 10 P. M.	Atmo. Variation. 9 A. M.	Atmo. Variation. 2 P. M.	Atmo. Variation. 10 P. M.
20		,130	65	75	62	30 30	30 26	55	57	NNE	N	Fine	Fine	Clo.
21			65	76	63	30 22	30 20	60	65	NNE	SE	——	——	Fine
22			67	73	64	30 21	30 16	61	65	E	SE	——	——	——
23			67	72	59	30 15	30 02	60	53	SW	SW	——	——	——
24			67	74	60	29 86	29 80	60	55	W	W	——	——	——
25			72	70	58	29 80	29 83	53	55	W	W	——	——	——
26	☽	,5	67	70	56	29 80	29 80	60	70	NE	NE	——	Clo.	Rain
27			63	70	62	29 94	30 14	70	55	NNE	NE	Clo.	Fair	Fair
28			65	70	60	30 23	30 20	53	58	SW	SW	Fine	Fine	Fine
29			67	70	56	30 07	29 87	59	65	ESE	E	——	——	——
30			57	69	53	29 64	29 60	65	67	E	E	Fair	Fair	Fair
31		,135	57	67	53	29 67	29 60	70	79	E	E	Fine	Clo.	Rain
1	☽	,32	58	63	50	29 60	29 95	85	75	NE	N	Rain	Rain	Fine
2			57	69	53	30 03	30 00	70	77	NW	SW	Fine	Fine	——
3			65	69	57	29 95	29 91	75	73	SSW	S	Clo.	——	Clo.
4			66	68	56	29 84	29 75	70	75	S	W	Fair	——	Rain
5			58	68	57	29 70	29 68	71	74	WSW	SW	Fine	Fine	Fine
6		,33	60	65	53	29 61	29 68	70	77	WSW	W	Clo.	Rain	Rain
7			57	67	54	29 83	29 90	75	77	NNW	N	Ovc.	——	——
8			55	65	54	29 85	29 73	75	87	W	SW	Rain	——	——
9	☉		57	70	50	29 70	29 78	85	73	W	W	Fine	Fine	Fine
10			65	70	54	29 82	29 78	62	77	W	S	——	——	——
11			65	72	59	29 65	29 73	70	70	W	WSW	Clo.	——	——
12			66	70	55	29 76	29 77	67	73	WSW	W	Fair	——	——
13			69	68	53	29 83	29 84	70	72	W	N	Fine	Sho.	——
14			64	68	55	29 96	29 95	68	70	W	SW	——	Fine	Fair
15		,145	66	67	53	29 74	29 70	80	78	SW	W	Rain	Sho.	——
16			63	67	53	29 70	29 80	70	70	W	W	Fine	Fine	Fair
17	☾		64	68	55	29 80	29 63	70	73	WSW	WSW	——	Fair	——
18			65	67	51	29 64	29 57	70	70	SW	W	——	Rain	Clo.
19		,16	64	65	55	29 74	29 80	65	78	W	SW	——	Fair	Rain

The quantity of rain fallen in the month of July was 1 inch and 3 5-100ths.

NOTICE TO CORRESPONDENTS.

A number of Communications were in the possession of our Printer when the very destructive fire took place on his premises, and were then totally lost; those which have been announced and not published on this occasion, are of that number.

*** In consequence of the trouble to which the Editors are put, monthly, with literary notices, and notices of lectures, they are determined no longer to insert any, excepting those proceeding from themselves, and from the regular Correspondents of the Work.

Dr. Kennedy's account of the galvanic experiments performed in the University of Glasgow, on the body of a criminal executed in July last, with notes of the subsequent dissection, will appear in our next.

Communications have also been received from Dr. Robinson (through Dr. Gordon Smith), Dr. Male, Mr. Amesbury, Mr. Davies, Mr. Ward, Mr. Dendy, Mr. Fosbroke, Mr. Ryland, Mr. Hebb, and Mr. Bellingham.

†|† Communications, and Works for Review, are requested to be addressed (post-paid) to the EDITORS, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

THE

LONDON MEDICAL

REPOSITORY.

No. 130. OCTOBER 1, 1824. Vol. XXII.

BEING

No. X. of a NEW SERIES.—Vol. II.

PART I.

ORIGINAL COMMUNICATIONS.

I.

General Report of Medical Diseases treated at the Kent and Canterbury Hospital, from January to the commencement of July, 1824, with a particular Account of the more important Cases. By H. W. Carter, M.D., Senior Physician to that Institution, F.R.S. Edinburgh, &c.

IN-PATIENTS.

Males 51
Females 69
} Total, 120.

	Males.	Females
Cured	10	10
Received benefit	6	12
Received no benefit	0	1*
Made out-patients	13	22
Referred to the Surgeon	5	2
Unaccounted for†	1	2
Died	2	3
Remain on the books	14	17
Total	51	69

* The patient was a very aged individual, who had long been paralytic.

† These were persons who could not be admitted upon the day they applied, owing to want of room, and who neglected to attend afterwards.

OUT-PATIENTS.

Males..... 65 } Total, 179.
Females.....114 }

	Males.	Females.
Cured	9	17
Received benefit	14	23
Received no benefit	1*	3
Made in-patients	2	5
Referred to the Surgeon	1	1
Discharged for non-attendance	2	0
Died	4	7
Remain on the books	32	58
Total	65	114

DISEASES OF IN-PATIENTS.

Anasarca	1	Brought forward	54
Ascites	1	Lumbago	1
Bronchocele	1	Menorrhagia	6
Cynanche tonsillaris	1	Menses, retained	4
Debility, general	12	—— suppressed	1
Digestive organs, chronic disease of	14	Mesenteric disease	3
Dyspepsia	3	Obstipatio	1
Encephalitis, chronic	2	Ophthalmia	1
Enteritis	1	Paralysis (hemiplegia)	3
Eruptions	3	—— (paraplegia)	1
Fever, intermittent	1	Palpitatio	1
Head, intermittent pain of	1	Peritonitis, chronic	1
Hæmatemesis	1	Phthisis	11
Hæmoptoe	1	—— incipient	3
Hepatitis	1	Rheumatism, chronic	17
—— chronic	2	Scrofula externa	3
Hydrothorax	1	Spinal disease	1
Hysteria	5	Splenitis	1
Laryngitis, chronic	1	Strains	3
Leucorrhœa	1	Variola	†2
Carry forward	54	Urinary organs, disease of	2
		Total	120

* This patient was discharged as an improper object, it having been discovered that he was possessed of property.

† One of these was made out-patient.

DISEASES OF OUT-PATIENTS.

Anasarca	1	Brought forward	85
Aorta, aneurism of	1	Hydrothorax	4
Ascarides	1	Hysteria	7
Ascites	1	Laryngitis, chronic	2
Asthma	2	Leucorrhœa	1
Axilla, tumour of	1	Lumbrici	2
Bronchocele	6	Menorrhagia	5
Cholera	1	Menses, retained	2
Chorea St. Viti	3	Menstruation, difficult	1
Cynanche tonsillaris	1	Mesenteric disease	14
Diabetes	1	Neuralgia	1
Diarrhœa	3	Obstipatio	1
Debility, general	16	Ophthalmia, strumous	5
Dysentery	1	Paralysis—hemiplegia	1
Dyspepsia	14	Phthisis	12
Dysuria	1	—— incipient	6
Encephalitis, chronic	3	Purpura	1
Eneuresis	1	Pylorus, scirrhus of	1
Enteritis	1	Pyrosis	2
Epilepsy	4	Rachitis	1
Eruptions	10	Rheumatism, chronic	7
Fever, intermittent	1	Scrofula externa	10
Hæmatemesis	1	Spinal disease	2
Hæmoptysis	2	Urinary organs, disease of	2
Hæmorrhoids	1	Uterus, disease of	1
Hepatitis, chronic	7	Variola	3
Carry forward	85	Total	179

ABSTRACT OF CASES SELECTED FROM THE PRECEDING LISTS.

The present year has been signalised by the prevalence of small-pox in Canterbury and its neighbourhood; and, as several cases have occurred in the hospital, I presume that the remarks I am about to offer upon the disease, as it has appeared amongst us, may not be deemed an improper preface to the report which is to follow. Towards the close of 1818, and early in the following year, small-pox was frequent both in the city and villages adjacent, and five patients of the hospital were attacked by it. I transmitted their cases to the Board of the National Vaccine Establishment; and it was my intention to have forwarded to the Board such further examples of the disease as I might meet with, or such ulterior information respecting it as I might be able to collect. It soon, however, subsided at that time, and we

heard scarcely any thing more about it till towards the commencement of the present year. From what quarter it was then introduced I am not prepared to state with any degree of confidence; but it has been reported that the first case, one of inoculated small-pox, occurred in a crowded suburb, inhabited chiefly by persons of the lowest order. Being once introduced, the disease spread rapidly and widely; for both small-pox inoculation and vaccination had for some time been neglected, as always happens when the danger is far off.* Many children were seized with small-pox before they could be vaccinated; and many, whose parents were obstinately prejudiced against vaccination, were suffered to take their chance, or were purposely exposed to the infection, or were inoculated. The most zealous inoculators were females — often the parents themselves — frequently officious friends who infested their neighbours' houses vehemently declaiming against vaccination, and spreading the variolous disease. The cases which came to light of small-pox after vaccination were unfortunately numerous: some, it must be confessed, were exceedingly severe; others were exaggerated. These instances of failure naturally fortified the prejudices of many parents against vaccination, and furnished the female inoculators with a fine opportunity for recommending their pernicious practice; but, previously to their having obtained the advantage which the acknowledged failures of vaccination, as a complete protection against small-pox, gave them, they had, I believe, inoculated numerous children; and I am fully persuaded that, had not a single instance of small-pox after the vaccine disease been so much as suspected, they would still have been zealous in the propagation of the former, and for no better reason than because vaccination was countenanced by medical men, and by a great majority of their superiors.

The alarm of small-pox soon arrived at that pitch, that, in spite of clamour, many sought for the protection which

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* Some notion may be formed of the supineness of the common people, under ordinary circumstances, from the subjoined statement of the numbers vaccinated gratis at the hospital from the year 1818 inclusive to the commencement of the late epidemic, for so it may, with truth, be called: —

In 1818, were vaccinated		52
1819	years when the alarm of small-pox pre-	249
1820	vailed	263
1821		47
1822		35
1823		50

vaccination offered, and in less than three weeks more children were vaccinated at the hospital than had been in the whole three years preceding;* and the total number vaccinated in the last six months amounts to 588 persons, being within 56 of the number vaccinated in the five years before. Added to these, I have an account of 250 persons vaccinated at the dispensary, and many more were done by the Surgeon of the work-house and other Practitioners: still, however, numerous individuals remained liable to the infection of small-pox. That disease continued to prevail throughout the winter and spring in those quarters where the poor constitute the mass of the population. Fatal cases were by no means rare. Some I witnessed, and of more I had distinct information. I frequently saw children exposed in the streets with small-pox upon them, and I knew that remonstrance had occasionally been productive only of insolence from the parents. I therefore addressed a letter, through the medium of the Kentish Gazette, to the Mayor of Canterbury, in which I particularly solicited his attention to the exposure of persons labouring under small-pox, and to the practice of inoculation by individuals not of the medical profession. I afterwards, in person, suggested to the magistrates, that the publication of a caution against the exposure complained of might be very useful; and that, while there existed no law to prevent non-professional persons from inoculating whom they chose, yet such persons, if warned, as was done at Norwich in 1819,† might be induced to desist from their pernicious practice. I also suggested the expediency of ascertaining the numbers still liable to small-pox, and of inviting parents, as was also done at Norwich, to bring their children to some regular Practitioner to be vaccinated. What I presumed, however, to advise, was

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* The total amount of vaccinations at the hospital, during the years 1821-2-3, was 132. See preceding note.

February 25th, 1824, vaccinations were	36
March 3d	72
March 10th	40
Total	148

† "A druggist, and an old woman or two," says Mr. Cross, in his History of the Variolous Epidemic which occurred at Norwich in 1819, "who disseminated the disease by inoculation, were brought before the Mayor, and cautioned to discontinue their practices, lest they should lay themselves open to a prosecution by a public injury being traced to them."

not approved of;* and small-pox is to this hour not extinct in the city.

Had the measures which were resorted to at Norwich, in 1819, for the purpose of arresting the progress of the variolous epidemic then prevailing at that place, been acted upon here, much evil might, I think, have been prevented at the time; and were vaccination to be zealously and steadily encouraged by exhortation and the promise of reward, we should, doubtless, be less likely in future to see small-pox spread to the extent it has lately spread in Canterbury. Still, however, we should not be by any means secure against the future invasions of that disease, for there are some individuals among the higher order who are inimical to vaccination; and there are many among the inferior rank whom not even the prospect of reward can induce to bring their children to be vaccinated, especially in years when small-pox does not prevail. Many are inveterately prejudiced against the vaccine disease, and many are immovable till danger stares them in the face. We shall continually be liable to variolous epidemics till the legislature take up the subject. It may be very difficult, or it may be even impossible, to prevent inoculation altogether; but surely it cannot be very difficult to preclude non-professional persons from inoculating. Were the practice by ignorant females and others put an end to by law, professional men would inoculate more rarely — their patients would be properly treated during the disease, and a register of them might be kept. At present it is almost impossible to ascertain who have been inoculated; and the patients of these pretenders are either left to themselves, or are treated after the method adopted by a careful mother in this neighbourhood, who, having inoculated her children, observed, with the utmost self-complacency, that "she had taken the most effectual measures to insure their doing well, for that she kept them nice and warm, and gave them plenty of brandy!"

Having first taken the practice of inoculation out of the hands of the ignorant, the next step should be that of effectually cutting off the communication of persons labouring under small-pox with the rest of the population, either by compelling them to keep entirely within their own doors, or (which would be better) by placing them, as used to be done, in a small-pox hospital at a little distance from the town of which they are inhabitants.

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* I understand that at Dover a caution against the exposure of persons affected with small-pox was published after the letter to which I have alluded appeared.

Would not a law to this effect operate more decidedly than all the exhortations and rewards in the world, in favour of vaccination?

The question regarding vaccination is not one of indifference. The Jennerian discovery is either worse than useless, or highly advantageous to the world — it should either be totally rejected, or be encouraged to the utmost. Now, that vaccination, as it stands at the present day, is of great advantage to society, the official reports which periodically emanate from the highest professional authority in this country assure us. The writings of many intelligent and experienced Practitioners speak the same language; and the encouragement which it continues to receive from the governments of foreign countries sufficiently proves that they still regard it as a most valuable gift.*

It is high time then for the legislature of this kingdom — the very cradle of vaccination — to interpose in its favour. Much might be done towards securing its more general and steady adoption, and the checking of small-pox inoculation, without in any degree infringing upon the just liberty of the subject. That such interference would excite clamour is very probable, but it little becomes the legislature of a great empire to suffer itself to be deterred by the clamours of ignorance and prejudice, from fearlessly upholding what is beneficial to the community, and what we now lie under the opprobrium of neglecting; while other nations, who received it at our hands, acknowledge it as a blessing, and cherish it as it deserves.

No. I.

I have already stated that cases of small-pox after vaccination have been frequent in the present year. Two out of the four cases which occurred in patients of mine were of this description. The first was that of *Miriam Collyer,* aged twenty-two, who was admitted March 5th for complaints which it is not necessary to specify in this place. She had been vaccinated at the hospital when quite an infant. On the 26th March an eruption made its appearance, which proved to be small-pox. There were several pustules upon her arms, and a few upon the trunk of the body. There was little, if any constitutional derangement, and by April 2d the eruption had disappeared altogether.

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* See Medical Repository, August, 1824. Art. Small-pox at Hamburgh.

The next instance occurred in the person of *Mary Clayson*, one of the hospital servants, who was vaccinated nineteen years ago by a lady, and was supposed to have gone through the disease properly. On the 23d of April she was attacked by headach, rigors, and other symptoms of fever; and on the following day, a very slight eruption, resembling small-pox, was observed. The pocks, however, died away without suppurating, and by the end of the month the patient was quite well. No medicine was given, excepting a purgative, and afterwards a saline mixture.

The third case of small-pox which I am to notice was that of *Ann Mitchel*, aged eight years, a very puny child from her birth. Last year she was an out-patient for typhoid fever, but got pretty well, and was discharged. In April she was again made out-patient. The symptoms were then similar to what they had been before. There were extreme prostration of strength, tremor, frequent feeble pulse, brown tongue, &c. &c. Under the use of cordial medicines and Port wine she once more improved; but at about the beginning of May the mother brought her to my house, and shewed me an eruption which had just appeared upon her, and which, without hesitation, I pronounced to be small-pox, to the surprise of the woman, who maintained that I must be mistaken, for that her daughter had passed through that disease several years before. Upon my questioning her more minutely upon this point, she stated very clearly that about seven years ago the family was sent home as paupers from Devonshire; that on the road two of the children caught the small-pox, and that, when they reached their parish, Ospringe, near Faversham, they were very ill with it. This statement of the mother was corroborated as to every particular by her husband, and both said that there could be no doubt of the nature of the disease. I wrote to the gentleman who had attended the children, but, as he had not kept any notes of the cases, he was unable either to verify or disprove the relation given by the parents.

The testimony of the above persons was strong, and I began to doubt the accuracy of my diagnosis. The disease, however, did turn out to be small-pox, and of the worst kind, with petechiæ, vibices, hæmatemesis, &c., and the poor child died about the 12th day. Her younger sister, who had never had either small-pox or the vaccine disease, fell sick a few days after, and had the disease in a favourable manner.

Since the fatal termination of Ann Mitchel's case, I have

again conversed with her mother, who persists in her story without any variation.*

The fourth case of small-pox was that of a child, by name *Daniel Paine,* a very scrofulous subject, who was rather a surgical than a medical patient, and whom I prescribed for only now and then at the request of the Surgeon. I am unable to furnish any details of this case, as I knew not that the boy had had small-pox till after its fatal termination.

Such are the only instances of this disease which have happened in hospital patients with whose treatment I have been concerned. I have met with some cases in private practice which have been interesting, but they are very few in comparison with those which have fallen under the observation of the general Practitioners of this city and its neighbourhood. A statement from them collectively of their experience in small-pox during the preceding year would doubtless be a valuable document.

No. II. — *Bronchocele.*

Two cases of recent bronchocele have been discharged from the hospital since my last report, in both of which the hydriodate of potash was the remedy chiefly employed.

Case 1*st.* — Mary Oliver, aged twenty-one, who had been affected by goître for about two months. The exact circumference of her neck at the period of her admission was not ascertained, but the tumour was considerable, though not very hard, and respiration was much impeded.† On or about the 27th December, 1823, she began using the iodine ointment, of the usual strength, viz. ℥j. to an ounce of lard, and rubbing in a dram or thereabouts every night and morning. For a month little if any improvement was to be per-

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* I very much regret that I omitted to examine whether the child had any pits or scars upon its body. I should have added to the mother's account, that she assured me she perfectly well remembered her children having been exposed to small-pox on their journey.

† The writer of the critique upon Foreign Medical Literature, in the Number of the *Revue Médicale* for June last, speaking of the case of Maria Hawkins (see my last report), expresses himself in the following terms : — " Cette histoire nous présente un exemple assez frappant de l'efficacité de l'iode dans le traitement du goître. Je regrette néanmoins que son auteur n'ait pas fait connaître, avec plus de précision, la forme, le volume, et toutes les autres conditions de la tumeur." I feel obliged to M. Bellanger for his hint, and, in my future reports upon the use of iodine in bronchocele, shall endeavour to supply the deficiency of which he complains.

ceived, and on the 23d January, therefore, six drops of the tincture were ordered three times a day, in addition to the ointment. On the 30th the tincture was increased to ten drops, and by the 16th Feb. there was a marked diminution of the bronchocele, though the respiration continued as difficult as before. In the following week I was fain to discontinue the tincture on account of its having caused considerable pain of bowels, and costiveness. The external use of the remedy was, however continued, and a draught of inf. gent. c., with a drachm of Epsom salts, was ordered every morning, as well as inf. calumb. with subcarb. of potash, and a minute dose of pulv. rhei, three times a day. The abdomen was also fomented. This plan was persevered in till March 19th. The tumour gradually diminished in volume, till at the period last mentioned it had disappeared entirely.

Case 2d.—Sarah Matthews, ætatis 15. This girl had not yet menstruated; and for some time her friends had observed an increasing fulness of her throat, and impeded respiration, for which complaints she, on the 15th of April, became an out-patient of the hospital. Her general health was good. I directed her to rub in half a drachm of the iodine ointment night and morning, and to take five drops of the tincture in distilled water, with a little syrup, three times a day. On the 30th no improvement had taken place, and four leeches were applied to her throat. Afterwards the ointment was resumed, and the tincture increased to g^{tt} x.

May 14.—I could not discover that the tumour had diminished. The iodine was therefore laid aside pro tempore; a blister was applied to the throat; and mist. ferri c. was prescribed ter die, with pil. aloës cum myrrha ℈ss. every night. As soon as the blister got well, the ointment was resumed; and when I next saw the patient, viz. upon the 22d, the bronchocele was decidedly less, and it continued to diminish till, by the beginning of July, it had totally disappeared.

On the 2d of that month, the patient complained of sore throat, with some uneasiness of bowels, and constipation. She was therefore directed to discontinue the ointment, which in fact was no longer needed; and a purgative and gargle were ordered. On the 9th she was discharged cured.

In the above instance, perhaps, the blister may have contributed much towards the removal of the bronchocele, and some of my readers may be inclined to ascribe the cure to it alone. In cases, however, where the same remedy has proved totally inefficient to disperse the tumour, I have found it a useful auxiliary, the iodine acting more readily upon the absorbents after the application of a blister.

In cases where the ointment rubbed upon the throat seems

to produce no effect after a fair trial, it might be well to employ it in the manner recommended by Scattagna with respect to mercury.*

A third Case is still upon the hospital books; but as the disease is much lessened, and the patient considers herself nearly well, I shall offer a sketch of it in this place. The case is that of Ann Andrews, ætatis 16, to whom I alluded in my last Report (No. I.) I at that time despaired of the iodine's acting upon the bronchocele, for it had been exhibited both internally and externally for several weeks without the smallest effect, either upon the tumour, or as an emmenagogue. Burnt sponge was not more effectual, and blisters disappointed me.† The medicines which had been given both before and after the tincture of iodine failed to establish the menstrual discharge. The girl was made an out-patient Nov. 11th; and, as she lived at some distance from Canterbury, I did not see her again until Jan. 9th. During the whole of this interval she took the sponge three times a day, and pil. aloës c. myrrhâ every night. As it seemed most desirable to bring on the catamenia, the following mixture was now prescribed: —

℞ Decoct. Hordei C. f. ℥viij.
Tinct. Canth. f. ℥j.
Ft. mist. cujus sumat partem sextam ter die. Sumat etiam Pil. Aloës c. Myrrhâ ℈ss. omni nocte.

On the 22d the tinct. canth. was increased to f. ℥iss; but I believe that the increased dose was not taken, for on or about the 27th the catamenia appeared. They returned Feb. 29th.

On the 5th March, the object for which the tinct. canth. had been given being attained, the iodine ointment was resumed, and five drops of the tincture were directed three times a day in distilled water, with a little syrup. By the 3d of April the swelling was perceptibly diminished, but there had been no return of catamenia. The ointment was continued, but not the tincture, and the tinct. canth. was recurred to. From the date last mentioned up to the 10th August, I had no tidings of the patient's health; but I understood that she regularly sent for her medicines.

Aug. 10th.—She called at my house, and reported herself much improved. Catamenia had occurred thrice since I last

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* See Dr. Gairdner's work on Iodine.

† The tartar emetic ointment was employed at one time, and under its use the tumour decreased above two inches, but the diminution was not permanent.

saw her; the tumour was considerably less;* and respiration, which had formerly been very difficult, and accompanied by much wheezing upon the slightest exertion, was natural. She stated that for the last three months she had felt better than she had ever been since the commencement of her illness, and that she considered herself competent to go to service. The mixture, with tinct. canth., had been laid aside for about a month, aud the ointment for a fortnight. She, however, expressed a strong desire to use the latter for a short time longer, as she felt convinced it had been of more service to her throat than any thing else that had been tried. At Michaelmas she is to report progress, and in a future communication I shall give the sequel of the case.

Case 4th.—Susan Love, ætatis 18, of fair complexion and strumous temperament, was made out-patient Jan. 30th. Affected by brochocele, which had been first observed by the patient about two years before. The exact circumference of the neck was not taken, but the tumour was very considerable, and hard, and respiration was much affected. Catamenia had been suppressed for two months. Her countenance was flushed, and she complained of great pain of head; her pulse was frequent; tongue clean; bowels costive. For the first week I applied leeches to the temples, and ordered pil. sodæ cum sapone ter die, and laxative pills occasionally.

Feb. 6th.—She began the iodine ointment and six drops of the tincture thrice a day, and pil. aloës cum myrrhâ occasionally.

13th.—The tumour had rather increased, as is not unfrequently the case when iodine is first used. Catamenia, however, were restored, and the patient expressed herself as feeling much better. In the course of a fortnight from the last report the tumour was evidently less. She complained of shooting pain of throat, extending to the head. On the 5th March, the tumour was measured, and it had decreased half an inch since Feb. 27th.

March 12th.—Tumour diminished two inches since the ointment was begun. It was now softer, and respiration was much improved. From this date to April 9th there was no alteration, though the strength of the ointment had been in-

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* I had particularly requested the patient to measure her throat from time to time, but she had forgotten to bring the measure with her. By her description, however, I imagine that the tumour had decreased about an inch and a half.

creased, and gtt xv. of the tincture were taken thrice a day. Four leeches were therefore applied to the throat, after which the ointment was resumed, but the tincture was discontinued. I did not again see the patient till June 25th. She had persevered in the use of the ointment, and the brochocele had decreased steadily though slowly. Her general health was at that time good, and she shortly afterwards undertook the management of a school. I saw her August 13th, at which date her health was perfectly restored: respiration was natural; and her throat, though it remained somewhat fuller than it was previously to the bronchocele's first appearing, had become much smaller than when she was admitted a patient of the hospital.

Those cases which are yet under treatment I reserve for a future report.

No. III.—*Intermittent Fever.*

In the *Revue Médicale* for June last, some notice is taken of the case of Mercy Brown who, in my last report, was stated, upon the authority of a very respectable practitioner in this neighbourhood, to have been cured of intermittent fever by charcoal. "Faut-il," says the reviewer, "d'après ce fait croire aux vertus fébrifuges d'une substance aussi inerte que le carbone?" Now what is this but begging the question? The testimony of Drs. Caleagni and Calvert are strong in favour of the efficacy of this substance in intermittent fevers. It has been exhibited by a sensible and experienced practitioner in this neighbourhood, and the disease gave way under its exhibition. To assume, therefore, that it is an inert substance, is to assume what remains to be proved. If by an inert substance the reviewer means one whose *modus operandi* he does not clearly understand, charcoal is only one out of many substances in the materia medica which may be termed inert. I candidly confess that the experiments I have been enabled to make since my last report have not been successful, but that does not signify so far as the reviewer's reasoning is concerned—it remains as illogical as it was before.

I proceed to give an outline of cases in which I have lately made trial of charcoal:—

Thomas Taylor, æt. 15, a native of the sea-port town of Whitstable, the land around which is low and marshy, was admitted March 12th with tertian intermittent of six weeks' standing, and which, according to the boy's statement, had resisted the usual remedies, owing probably to his remaining in the damp situation where he had contracted the disease. On the 13th he began taking the charcoal, 3ss. every two

hours. On the 15th it had produced no effect. A cathartic was ordered. 18th. Ague not checked. Sumat carb. ligni, ʒj. magnes. ϑss. secundâ quâq. horâ. The type had now become quotidian, and the paroxysms occurred earlier in the day; but, on the 18th, when the increased dose was begun with magnesia, the boy had no fit, and the type was again tertian afterwards. 22d. Paroxysms the same; sickness at stomach: ordered some aperient pills. 25th. Paroxysms now anticipate previous periods of attack, and are very severe. Omittatur carbo ligni, et sumat pulv. cinch. ϑij. potass. cum subcarb. ϑss. ex decocto cinch., 2da quâq. horâ, absente febre; pil. laxat. ij. statim. Full diet, and porter.

27th.—No return. On the 31st there was a slight attack. Aug. pulv. cinch. ad ʒj.

April 3d and 5th.—Recurrence of ague. The bark having failed, I now tried liquor. arsenic. ♏v., ter die ex aquâ distillatâ; and an emetic upon the approach of the rigor. On the 11th and 13th there was a return of the ague. The abdomen was full and tense, and he took three grains of calomel and four of pulv. antim. at night, and a cathartic on the following morning. Aug. liq. arsenic. ad ♏viij.

30th.—There having been no return of the complaint for fifteen days, the patient was discharged, cured.

From the time the charcoal was laid aside, the ague certainly decreased in severity, and the patient improved rapidly in his general health. The arsenical solution, however, clearly effected the cure. If it be supposed that the bark failed owing to the bowels being in a deranged state, I answer that the patient's bowels had been constantly attended to, and kept regularly and sufficiently acting.

Another case in which the charcoal was given, is that of *Richard Clements*, who was an in-patient for a cutaneous disease of an impetiginous character. On the 22d of March he was unaccountably attacked by an intermittent. He took the charcoal for several days, but it failed entirely. On the 31st he began the arsenical solution, which in a day or two stopped the ague. On the 2d April he was made out-patient, and continued the solution up to the 23d, when he was discharged, cured. Previously to his being made out-patient, the eruption had become much less; but I think its total disappearance was owing to the medicine last taken.

In the case of *Eliz. Sneller*, ætatis 42, married woman, who was admitted Feb. 27th, with great pain of head coming on at about four o'clock every afternoon, and subsisting for several hours, after which there was a perfect intermission, the charcoal at first seemed to be of service. The complaint,

however, quickly returned with as much violence as ever; and on the 19th March the medicine was abandoned. The subcarb. ferri, in half-drachm doses every three hours, almost removed the pain for a week, but its good effects lasted no longer. I then prescribed bark in substance, with a little compound cinnamon powder every two hours during the intermission, and calomel. gr. v. pulv. ipec. comp. ℈ss. every night.

10th.— After she had taken the first powder, the pain ceased almost entirely. The calomel and pulv. ipec. c. were continued for five nights, when they were relinquished, as her mouth had become sore, and there was some salivation. On the evening of the 9th there was a slight accession of pain. The bark was now increased from ℈ij. to ℥ij., and one grain of calomel, with ten grains of the Dover's powder, were ordered every night. The patient was particularly cautioned to omit these powders in the event of her mouth becoming very sore, and salivation more copious.

16th.— No return of pain. Bark continued.

24th.—No return; and she remained free from pain of head up to June 13th. At that period she complained a little, and the bark, which had for several weeks been discontinued, was resumed.

No. IV.—*Case of Purpura simplex.*

Charles Carr, ætatis 12 years, was made out-patient April 9th, affected with purpura simplex, attended by the usual symptoms of languor and general debility. His countenance was sallow; pulse feeble; tongue rather dry, and white; bowels constipated. I prescribed a drachm of oil of turpentine in an emulsion every three hours, till the bowels should be well evacuated, and a demulcent mixture at bedtime. I do not recollect exactly how many doses of the turpentine medicine were taken, but his bowels were freely moved. I did not see the patient again till the 13th, when the petechiæ, which had been very numerous, had nearly vanished. The boy complained of strangury, and therefore took for two or three days a demulcent mixture, with sp. æther. nitr. On the 16th, as debility was now his only complaint, he began a bark mixture with conf. aromat. and sp. lav. c., and took ten grains of pil. aloës cum myrrhâ, at night. The petechiæ did not again appear, and at the beginning of June the patient was discharged, cured.

Of the efficacy of oil of turpentine in purpura, there is sufficient testimony before the public, and its value in some other diseases is unquestionable; but, unfortunately, it is a medicine so disagreeable, that few private patients can be

induced to persevere in it after one or two doses; and even in hospital practice, I have sometimes been compelled to abandon it. I have exhibited it alone, and in milk, and in the form of emulsion with aromatics, and also with oil of lemons, but still the taste of turpentine has predominated, and nausea and vomiting are frequently caused by it. It were much to be wished that some mode could be devised to obviate the objections to the exhibition of so powerful a medicine.

No. V.—*Case of Mesenteric Disease.*

Albert Holness, ætatis five years. This child, whose temperament is decidedly strumous, and one of whose sisters died in the hospital of dropsy, the consequence of disease of the mesenteric glands, was made out-patient Feb. 13th. He had at that period a short teazing cough, swollen abdomen, emaciation of extremities, and other symptoms denoting mesenteric affection. His motions were pale in colour, and generally slimy, and it seemed very probable that worms existed in the intestinal canal, though I did not consider them as the only or principal cause of his complaints. The mother of the patient, a very respectable matter-of-fact woman, assured me that two years before, when he had the measles, he passed by stool in the space of six weeks two hundred lumbrici, and that, in one night, sixteen of those animals were voided by the mouth.

The plan upon which he was put was as follows: — 1st, he had an emetic of pulv. ipec., zinci sulph. āā gr. v., and a purge of pulv. scam. c., after the operation of which he was ordered to take ℥xx. of the liq. calcis muriat. in almond emulsion. On the 27th I saw him again, and he was remarkably improved in looks; his cough had left him; his pulse had become natural; his tongue had lost its white coat; and he slept well. Still, however, the abdomen was greatly swollen, and his motions were of unhealthy colour, and slimy. He had passed no worms. I gave him a purge of calomel and jalap twice in the week, and directed that the solution of muriate of lime should be continued.

March 5th. — He had continued to improve. The unfavourable symptoms which remained when I saw him on the 27th Feb. had given way.

The medicine was persevered in till about the middle of April, and, as the child seemed at that time to have scarcely any complaint, they were then discontinued; but his name was kept upon the books till June 18th, when upon the report of his mother he was discharged, cured. That he will, at some future period, again come under our care, is not at all

unlikely, but for the present he is undoubtedly much improved, and as he took nothing excepting an occasional purgative with the liq. calcis muriatis, may not this be deemed a case which speaks much in favour of that remedy?

No. VI.—*Case of extensive Disease of Lungs, not suspected during Life.*

William Herbert, ætat. 50, was admitted into the hospital Feb. 27, in a state of excessive debility, with a dry, furred tongue; frequent, feeble pulse; tremor; and complaining of great pain of the right thigh and knee, which were considerably swollen. There was also inflammation of the right hand, apparently rheumatic. I could collect no information, either from the patient or his friends, as to the commencement or progress of his illness. All that I could learn was, that he had suffered extreme pain of the knee and thigh. Not a word was said of his having been subject to any affection of the chest; and till his death, which occurred March 5th, not a symptom of disease in that quarter manifested itself. His bowels were in a very disordered state; the motions dark and offensive. He was therefore purged with calomel in the first instance, and was subsequently treated with leeches to the affected part, and a mixture containing colchicum. In a day or two, however, he had become so feeble, that I was constrained to resort to cordials. The pain and inflammation of thigh and knee did not leave the patient till the moment of his death, which was on the 5th March.

The body was examined about thirteen hours after death. The pleura pulmonalis on both sides adhered most firmly to the pleura costalis. The right lobe of the lungs was diseased throughout: it was studded with tubercles in various states—some suppurated, some in an incipient state. There was also calcareous matter contained in cysts. There was universal inflammation of the lungs and of the pleura lining the ribs on the right side. There was also caries of the bodies of two of the dorsal vertebræ. The cavity of the chest contained a considerable quantity of fluid. The abdominal viscera were in general sound. There was merely a slight appearance of inflammation of intestines, which is so very commonly observed in dissections, that I should not have noticed it had no one present pertinaciously insisted upon it as a morbid appearance of great importance.

No VII.—*Cases of Chronic Debility, in which the Balsam of Peru seemed to be of use.*

Hamet Elms, ætatis 41, married, labouring under extreme debility, and whose mode of life and poverty were much

against her; took the bals. Peruv. in pills thrice a day, followed by a draught with bark, confect. aromat., and sp. lav. c., for three months, and was much benefited. It is to be observed that she had before taken bark alone, but with little if any advantage.

Mary London, a middle-aged, married woman, suffering under all the symptoms of dyspepsia, took bals. Peruv. gr. vj. three times a day, and a powder with four grains of rhubarb, five of calumba, and five of dried soda, at noon, for some weeks, and received much benefit.

Ann Lyon, æt. 42, labouring under chronic debility, took bitters with vinum ferri, and tinct. card. c., in the day, and camphor with æther, and tinct. hyoscyami, at night, without relief of symptoms. The pills of balsam of Peru, and decoct. cinch., with æther and spirit. lav., seemed to be of service after they had been taken about seven weeks.

Sarah Williams, æt. 40, labouring under chronic debility, and symptoms of incipient phthisis, took the balsam at first with a tonic mixture, and afterwards with inf. rosæ, acid. sulph., and tinct. card. c., for two months, and was discharged, cured.

In cases like these, as in many others, great patience is needed on the part of the invalid and the Physician. Half our failures, I am persuaded, are attributable to want of perseverance.

Canterbury, September 27, 1824.

II.

General Hints relative to the Principles and Treatment of Hydrophobia. By John Davies, Esq., Member of the Royal College of Surgeons, Member of the Philomathic Institution, &c.

The nature of disease is not much understood; and the nature of hydrophobia is, perhaps, less understood than that of any other disease, because it leaves no decided marks of disorganization observable after death.

So long as the properties and phenomena of life shall be considered a mystery, disease also must, inevitably, be as great a mystery; but if the phenomena of life be reduced on a level with those of all other physical bodies, its properties also may be inferred, and compared with those of other modifications of matter. If, then, an inference can be drawn relative to the vital properties, from the phenomena which the principle of life exhibits in union with sensible matter,

in an organized state, the properties of disease also may be equally inferred, from its sensible phenomena in combination with matter in the same state; because disease must, evidently, consist in a change in the constitution of that principle which formerly preserved the body in a state of health.

The functions of the different tissues in the body must be known before their diseases can be understood; because the phenomena of disease consist in a deranged manifestation of these functions, and, ultimately, in many diseases, in a sensible change in the condition of the seats with which they are connected. When the function of a particular seat is recognized, its manifestation is the only sign of that seat being in a healthy state. When the same seat undergoes the process of disease, its function will become either deranged, or entirely destroyed; and this derangement or destruction will be the only sign of disease, until the part become visibly changed in its condition. Hence the nature of disease can only be proved by inference and comparison from the phenomena which it exhibits in alliance with its particular seat.

The phenomena of every disease must be determined by the elementary arrangement of the part affected; that is, they must consist in an increase, in a decrease, or in an alteration of its natural function. As derangement of function must become sensible, in the form of pain, from the relation of that derangement with the sensitive principle of the subject of disease, or from its influence over the secretions, or over the actions of organs which are objects of sense, the functions of different parts being already acknowledged, the immediate seat of disease may be generally proved. Thus, a disease of a gland will alter the state of the secretion of that organ; a disease of mucous and serous membranes will produce the same effect; a disease of nervous cords will produce violent, darting pains, and spasmodic contractions of the muscles upon which these cords are expended; and a disease of the cerebrum will produce an increased sensibility of the nerves of the senses, accompanied by a deranged manifestation of the faculties of the mind.

Our knowledge of anatomy, and, consequently, of physiology, is not yet minute enough to prove the immediate seat of *every* disease. When a tumour is found formed in a nerve; when the structure of that nerve is merely softened; when its colour is changed; when it is the subject of tic douleureux; or when it is brought into an alliance with opium, prussic acid, the electric matter, &c., — that nerve is said to

be affected or diseased in every instance, because the seat of the disease is within the sheath which envelopes the nervous substance. But as this sheath envelopes tissues very differently constituted, and, consequently, adapted for the production of different functions, it is not probable that each formed a part of the original seat of disease. But when the principle of disease has once exerted its influence on a certain tissue, the immediately surrounding ones may become affected, either mechanically, from the effect of pressure communicated to them, owing to the attraction of blood being increased to the part originally affected; or vitally, by the extension of the properties of the disease by continuity, owing to a change produced in the condition of these tissues, in consequence of their vessels having assumed an increased activity, from their immediate connexion with those of the original seat of the disease. The tissue originally affected may be inferred from the character of the symptoms, and from a previous knowledge of the function of each tissue in a state of health; or from a previous knowledge of symptoms, compared with morbid appearances consequent on disease of a similar structure.

A disease of one seat may be attracted by distant seats with which it bears an affinity. The transfer of the morbific matter may take place through the medium of vessels, through the medium of nerves, or through that of the principle of life. Disease may also extend by continuity, and sometimes by contiguity, if, from the properties of its particular form of existence, it bears a relation with the parts which surround the seat of the original affection. We have instances of the former mode of extension of disease in syphilis, gout, rheumatism, tic douleureux, &c.; and of the latter, in cancer, vomica, and many other forms of disease, attended by chronic inflammations.

The body must also be viewed in a mechanical form. The hydraulic department is suited for conveying the elements of both life and structure to different parts; the elements of disease likewise generally follow the same course. But the functions of this department, as well as those of every other part, are dependent upon the principle of life; and as long as this principle preserves its natural condition, the seats which are endowed with it will perform their intended functions; but when the mutual affinity subsisting between life and structure is destroyed by the interposition of the principle of disease, the healthy phenomena of the organic department must necessarily alter in their character.

However intricate this view of the nature of disease may appear, it is not more so than the sensible symptoms which

are connected with diseased processes in different parts. The complication is inevitable according to the natural constitution of organized and vital parts. The changes which take place in unorganized matter appear simple, owing to their comparative homogeneity or unity of form; but, as organized, living matter is constituted of so many heterogeneous parts, each of which is modified for the performance of a particular office, its relations must be very extensive and complicated, both with modifications of matter which tend to preserve its original form of existence, and with those whose influence must necessarily bring about a destruction of that form. The phenomena of health, as well as those of disease, are governed by the same immutable laws which influence the regular course of changes occurring throughout all the material world; and until they are looked upon as forming a part of that universal chain of causation which binds together all the productions of Nature, they must eternally remain an inscrutable mystery. A knowledge of the principle and properties of life is derived from inference. Inferred knowledge consists in a generalization of our knowledge of the qualities of matter in general, from a belief that the laws of Nature are universal and immutable. For instance, no phenomena can take place without matter: identity of properties in sensible matter produces, invariably, an identity of phenomena: when the character of the phenomena change, that of the correspondent properties must also have changed. This knowledge of the laws of sensible matter is extended to that which is not an object of sense, but whose existence is proved from the phenomena which it manifests in union with matter possessing sensible qualities. It is impossible to simplify that which Nature has rendered complicated. We can follow her laws, but we cannot alter them. As the human body is a complicated organism, its diseases are, necessarily, equally as complicated, and the study of these diseases must therefore be abstruse. As it consists of such a variety of structures, each of them possessing its particular affinities with modifications of matter destructive to its own form of existence, disease can never be reduced to one form, so as to comply with one plan of treatment. It is as reasonable to expect water to dissolve marble as readily as it dissolves Epsom salts, as it is to reduce every disease to one plan, or even to a few plans of treatment.

It has been endeavoured to reduce every disease to the principle of inflammation. Although every tissue is dependent for its support upon the vessels which pervade it, and a derangement of its constituent elements is, therefore, likely to increase or diminish their action; yet many diseases are

quite unattended with inflammation, according to its acknowledged characters. When death is occasioned from the administration of opium, prussic acid, tobacco, &c., there are no signs of inflammation on examination. This is also found to be the case in tic douleureux, several cases of fever, hydrophobia, and many other diseases. It is said, that, under these circumstances, the patients die before the inflammation has time to make its appearance; that admits that the disease precedes the inflammation. It is also maintained that disease depends upon excitement or irritation in the extremities of the nerves; but vegetables have no nerves, yet they are subject to disease.

Organized living structure is too heterogeneous in its constitution for its diseases to be reducible into one principle, or into a dozen principles, or to be curable by remedies possessing only a few qualities. One class of remedies will increase the action of life, and another will reduce it; but many diseases depend upon neither too great, nor too little, an action. They appear to have a particular relation with living parts. This relation is sometimes with a particular tissue entering into the constitution of an organ or any other part; and sometimes the disease is related with the entire texture of a part. The first object, then, is to determine the exact functions of each organ, by assigning to it all the properties which it possesses, and no more; by which means the immediate seat of disease could not be well mistaken. The next object is to infer the properties of the disease of an organ, which can be done by comparing its phenomena with those of former diseases affecting the same organ, upon the principle that similar phenomena must be dependent upon similar properties. The last object is, to use a remedy which has been found beneficial in former diseases, manifesting similar symptoms; or, if such a remedy be not known, to try some new one in every few instances of the same disease, until we meet with a remedy which possesses a curative alliance with that disease.

The first indications of disease are its symptoms. The main symptom of hydrophobia, and that of which most of the minor ones constitute a part, is a high degree of sensibility. This symptom is connected with every external sense: thus, bright objects are intolerable to the eye; the ear is highly sensible to the least noise, occasioning that constant watching of the patient; even the motion of the atmosphere is annoying to the skin; the nerves of the nose are very sensible to the impressions of odour, and the gustatory nerves are so irritable as to render food, drink, and swallowing, almost impossible. It would appear, then, that

the disease is intimately related with the immediate seat of sensation, modifying that seat, so as to render it more sensible to the impressions of external objects.

All the perceptive — thinking faculties, also appear to be deranged, which indicate their seats to undergo the influence of disease; because a derangement of function must be dependent upon a disarrangement of the constituent elements of its particular seat; and the degree of the one must be proportionate to that of the other.

The derangement of voluntary motion, in hydrophobia, is not in proportion to that of sensation and thought. The muscular system is excited during the paroxysms, but that excitement is generally not spasmodic or involuntary. It appears to result from a wrong impression of the will at the time that the paroxysms are on. This occurs also in furious mania, as well as in the disease under consideration. A disease of the mental seat must produce a derangement of its functions, which constitute mind, and the voluntary organs obey that derangement; but the movements of the body are still voluntary, according to that state of the mind, although they differ from what they would be if the mental seat were in a state of health.

There are examples, on the other hand, to prove that the nerves may undergo the process of disease, without that disease affecting, in the least degree, the mental seat. Cases of spasm, in various degrees, constitute one of these examples; for, in the most violent cases of tetanus, the mind is seldom, if ever, affected. The pain dependent on the disease is no proof that the mental seat forms a part of that of the disease. Irritation, which must be the immediate result of disarrangement of elements, produced in any part of the body supplied with nerves, will constitute pain. The properties of *pain* appear to be connected with the nerves alone; for it is very doubtful whether the mental seat can be acquainted with disease affecting itself. The relation of a thing must be with something *exterior* to itself, and not *with itself*. The immediate seat of thought, it is true, is perceptible of disease, and consequently of pain, affecting any other part; but the pain is then already formed of properties connected with the nerves, and the mental seat becomes related with it in that form. The nerves impart a portion of their own properties, in this case, to the brain, which properties constitute the pain itself; so that the pain is already formed in the nerves before the brain can become perceptible to it. The pain could not be formed in the brain itself, because that organ does not possess the necessary properties to constitute it.

The brain becomes perceptible of pain in the same way as it does of any external object. The first relation of the object, as well as of pain, is with the nerves, constituting simple sensation. This sensation, *already formed of properties*, which are a compound of those of the object and those inherent in the nerves, is then related with the brain, constituting perception; whereas they could have no alliance with that organ without the intervention of the nerves. The properties of pain run in a direction *from* the brain, as well as *towards* it; but those which pass *from* it must be reflected (perhaps by another set of nerves) before the pain can become perceptible. This is proved by the circumstance that pricking a nerve will occasion pain to be felt in its extremities. Some of the properties of pain may exist in the nerves after the original cause of it is removed: for instance, after the thigh is amputated for a disease of the knee-joint, the subject still feels the pain resulting from the disease, and he fancies it to exist in the original seat of disease. We have instances, also, of the properties of pain combining, and producing simple sensation, in amputated limbs, when acted upon by stimuli. In these cases, it would be perceptible if the nerves excited were connected with the brain. Mutilations of the brain appear to produce no pain; and diseases immediately related with the mental seat, such as mania, epilepsy, and hysteria, indicate no symptoms of it during the paroxysms. The case is similar in hydrophobia also, for the pain is trifling in proportion to the mental derangement. The apparently exquisite sensibility of the nerves depends upon the susceptibility of the mental seat, producing a constant watching of every sensible impression. But the disease has evidently some degree of relation with the nerves of sensation and motion, as well as with the brain.

In hydrophobia, the aversion of the patient is not to water alone, but also to all other fluids, as well as solids. But liquids are more intolerable to the gustatory nerves than solids. This is perhaps owing to the particles of matter in a liquid state being more minute than when in a solid state, so that the former exerts a stronger affinity for the nervous extremities than the latter. These extremities are in a degree protected from the effects of solids by the thick mucus which covers the tongue and mouth.

The disease seems to have very little relation with the ganglionic system of nerves. The pulse is generally regular, and the action of the intestines is not much affected. The stomach is probably the only abdominal viscus which indicates any affection. In dogs the affection of this organ pro-

duces false appetite, so as to induce them to eat straw, thread, pieces of paper, &c.; and in the human subject it occasionally produces vomiting. Slight marks of disease are likewise found in the stomach after death. This is probably owing to its receiving its principal nerves from the brain, whereas the other abdominal viscera are chiefly supplied with nerves from the ganglionic system.*

It is doubtful whether the *medulla* of the brain and nerves be organized, or whether it be a modified, secreted substance of a peculiar kind, and susceptible of particular relations. The relations and properties of every substance must be according to its constituent elements. It is the case with respect to the cerebral and nervous medulla, because the laws of Nature are the same in kind throughout all modifications of matter. One part of the nervous system is modified to constitute the seat of sensation; another to constitute that of thought; another of voluntary power of motion; another of conveying that power to distant instruments; and another of imparting the power of involuntary movements to particular organs. Each of these seats may become separately affected by disease, according to its particular relations; or the disease may be related with them all in the same degree, or in different degrees.

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* It would be desirable to prove whether the nerve of the eighth pair derives its origin partly from the anterior and partly from the posterior cords of the medulla oblongata. It appears to be an agent of sensation as well as that of conveying the power of voluntary motion; because hunger is a modification of sensation, and vomiting is in a great measure under the dominion of the will. It would be also desirable to prove satisfactorily whether the intestines are supplied by three sets of nerves. It is probable that the ganglionic nerves impart only the power of automatic movement to them, as well as to the stomach; that the nerves of the posterior cord of the medulla spinalis give rise to pain in disease, and pleasure while the processes of digestion are going forward; and that those of the anterior cord impart the power of propelling the contents of the intestines forward. In the expulsion of the fæces there is very little doubt of the actions of the colon and rectum being voluntary, corresponding with those of the abdominal muscles.

The circle of sensation appears to commence at the extremities of the nerves of sensation, and to extend to a particular centre, from whence it returns in the form of power of motion. But the query is, whether there be two sets of *ganglionic* nerves — one to receive the impression of the food in the intestines, the blood in the vessels, &c., and to convey that impression to a centre, (the semilunar ganglion); and another to return that impression, in the form of a power to produce the automatic movements, &c.?

From the symptoms indicating hydrophobia, the morbific cause appears to have its strongest alliance with the mental seat; but this alliance extends also to the system of cerebral and spinal nerves, in a less degree. It is difficult to determine what share the nerves of sensation bear of the disease, in consequence of their functions being so nearly connected with those of the brain, unless they be admitted to be affected in proportion to the pain attending the disease, which is very inconsiderable. The nerves of voluntary motion manifest but little sign of derangement, further than that they obey the wrong direction of the will.

If the cerebral and nervous medulla be unorganized, and only a product of the vessels which nourish its cellular enveloping membrane, the absence of the phenomena of inflammation in hydrophobia, and in other diseases related with this substance, may be easily accounted for. The degree of inflammatory affection must be governed by the nature and quantity of the morbific cause, and by the quantity of blood which the seat of disease receives. When a part which receives but a small quantity of blood becomes diseased, it will undergo a decomposition without much indicating the symptoms of redness and swelling. This proves that inflammation is not the disease itself, but an occasional effect of it.

It is evident that the same seat may be subject to different kinds of disease at different times, and to different degrees of the same disease; because there is, perhaps, no modification of matter whose relation is only with one other modification. A portion of disease added to the life of any part with which it has an affinity, must, necessarily, abstract a portion of that life from the structure, so as to constitute a disarrangement of the constituent elements of that part; but it is uncertain whether the abstraction of the one is always proportionate to the addition of the other, because some modifications of matter will only combine in determinate proportions. It must likewise be considered that both life and disease derive their support from the same sources, which are food and air: the increase and decrease of each must, therefore, be according to its particular affinity with its respective nutrient elements.

Having offered these few hints respecting the immediate seat of disease in hydrophobia, we shall proceed to inquire next respecting its origin by propagation.

In some cases the morbific cause of disease exists a long time in some part of the body, without producing symptoms of derangement; but when these symptoms once occur, the derangement increases so rapidly as to destroy life in a few

hours. This is the case with respect to hydrophobia. Other diseases are long before they manifest themselves by symptoms, and even when these symptoms appear, the disease is still slow in its progress. The secondary symptoms of syphilis are an instance of this kind.

There is difficulty found in accounting for the morbific matter of hydrophobia remaining so long either in the part bitten, or in the system at large, or, lastly, in a particular part of the system, without rendering itself manifest by symptoms; and for its running, ultimately, through so short and fatal a course. It is a fact that so is the case, but the question is, how is it so? This question can only be answered by analogy, founded on a knowledge of the laws which govern matter in general, and by references to other diseases connected with the animal body.

In several diseases, for instance, syphilis, cow-pox, small-pox, &c., the matter of disease remains some days in the inoculated part, without producing any symptoms; and when they begin to appear, in the character of inflammation, or of a progressive destruction of the part infected, the march of the disease is at first slow; but after arriving at a certain extent, the disease extends very rapidly, till every part with which it has an affinity in the system, becomes affected. This appears to be the character of the hydrophobic matter also. The object is to inquire into the cause of these occurrences.

In the first place, the morbific cause of the disease must exist during the interval of the bite and the appearance of the symptoms, either in the part infected, or in the system at large, mixed with the mass of blood; or, lastly, a certain time in the one place, and the remainder in the other.

It is necessary here to observe, that the hydrophobic matter is, most probably, conveyed into the system by *vessels*, and not by nerves. If the disease formed an affinity originally with the extremities of the nerves supplying the bitten part, symptoms of derangement ought immediately to become manifest, as we find when opium, prussic acid, &c., are applied to the nervous extremities. Hydrophobia, in this respect, follows the same law as syphilis, cow-pox matter, small-pox, &c.

The first and most important question to be considered is, whether absorption of the morbific matter takes place immediately or very soon after it is inserted under the skin? or whether it remains in the seat of the bite until a short time before the symptoms of the disease make their appearance?

If the view which we have taken of the nature of disease be correct, the morbific matter of any disease cannot remain

long in the system at large, without producing symptoms of derangement, because, in its passage along with the blood, it must enter into combination with those modifications of seats for which it bears an affinity. But the symptoms will vary in degree according to the quantity of the morbific matter. As this matter increases, from an addition of elements, its relations will become more extensive with the chemical or vital department of its seat, and the derangement must increase in proportion. As a long period of time intervenes from the bite to the appearance of *any* symptoms of hydrophobia, the morbific matter, according to the view given of the laws of disease, cannot exist in the system until a few days, or, it may be said, *few hours* before the appearance of the symptoms, especially as it is in the nature of the disease to increase so rapidly in degree. In syphilis, small-pox, cow-pox, and every inoculated disease, the secondary symptoms very soon appear after the absorbents leading from the infected part shew the appearance of inflammation. As it is not the property of every morbific matter to inflame the absorbents through which it passes, or, in other words, as the relation of the absorbents with it, is only that of mechanical hydraulic tubes with their contents, we are to infer that the principle of disease which produces no inflammation in its course, obeys the same law, as those which render their course manifest, by inflaming the tubes which convey them.

Some of the properties of disease, it is true, remain sometimes for years in the constitution, without manifesting symptoms of that disease. Scrofula, gout, &c. are instances of this kind. This is said to constitute predisposition; but predisposition alone could never constitute disease, without the addition of other properties. Predisposition is only a particular modification in the constitution of any seat, so as to render that seat susceptible to the affinity of other substances; and the union of the two properties will constitute disease. A person predisposed to any disease may be as healthy as another who is not predisposed to it, provided other properties of a particular modification do not come within the influence of the seat of predisposition. But predisposition to disease is no proof that the matter of disease, already formed of all its properties, can exist in the system without producing symptoms of disease. There are few who are not predisposed to some diseases; thus, almost every child is predisposed to the small-pox, measles, &c., but it requires other properties added to those constituting predisposition, before the disease can be formed.

Another proof that the morbific cause of hydrophobia remains until a short time before the symptoms of the dis-

ease appear, in the inoculated part, and not in the system at large, consists in the bitten part manifesting diseased action a short time before the general symptoms make their appearance; whereas, if the matter of the disease were previously in the system, that part which is generally healed, could receive, at most, only its share of the disease.

It will be asked, how can the hydrophobic matter remaining so long in the inoculated part, and its being ultimately absorbed, be accounted for?

In inquiring into this circumstance, it must be considered that the part in which the matter exists, possesses mechanical, chemical, and vital properties, as well as a compound of all these. In the first place, the absorbents, as mechanical and vital agents, are endowed with the power of choice, in a certain degree. They manifest this power in the separation of sphacelated parts, in the rejection of the innutrient part of the intestinal contents, &c. They may have the same aversion to the morbific matter of hydrophobia. The question then is, how does it become absorbed at all? This question may be answered from analogy, founded on another fact, which consists in this: when *much* matter is applied to the mouths of the absorbents, although they may have an aversion to it, a part of it must be taken up. We have instances to prove this point in the absorption of putrid discharges, when profuse, and in their producing putrid fevers. The next point to be considered is, how does the matter become multiplied in the seat of the bite, so as to render a part of itself absorbable? The hydrophobic matter is not peculiar in this respect, for we find the same thing to occur in cow-pox, and in many other diseases, the matter of which is inserted in the skin. The increase, in most instances, is less rapid at first than in the progress of the disease.

Now, if we suppose a given quantity of hydrophobic matter, equal to 1, to come in contact with any raw surface, the derangement produced by its affinity for that surface may not be great enough to produce symptoms of disease in the part; but, as the morbific matter derives elements from the blood in its passage through the part infected, which elements it assimilates by the mutual alliance of the two, the principle of the disease will become increased, and its relation with the vital seat of the infection must evidently extend, so that at the end of three days, we may say, it is equal to 2. The present disease, expressed by 2, will at the end of six days be equal to 4; at the end of nine days it will be equal to 8, &c.; thus, it must proceed in the same progression, doubling the last product in every three days, till its relation with the seat of the affection becomes so exten-

sive as to derange the natural action of the part so much as to render the symptoms manifest to the senses, in the form of inflammation or ulceration. When the disease increases to a certain extent, the activity of the absorbents becomes excited, first vitally, from the extension of the derangement, then mechanically, till a portion of the morbific matter is taken up by them, and carried into the circulation.

In watching the progress of the vesicle and areola of the cow-pox, we find that on the third day the inflammation is scarcely perceptible; on the fourth and fifth it does not extend far; but from the seventh to the tenth the disease makes a rapid progress, and the absorbents become excited from the local disarrangements of the constituent elements of the part, so as to take up a portion of the morbific matter, which ultimately extends its influence over those parts of the system with which it has an affinity. We are bound to infer from analogy, until facts can be procured either to prove or disprove the point, that the hydrophobic matter likewise, and indeed the matter of every disease which enters the circulation through the medium of the absorbents, undergoes a similar progress.

It is not probable that *all* the saliva of a rabid animal consists of hydrophobic poison. A grain of the saliva may contain no more than one-thousandth part of a grain of poison; and the proportionate quantity of the two may vary at different times. The quantity of the poison, then, cannot be proved, either from the size of the wound, or from the saliva adhering to its surface.

When the morbific matter enters the circulation, it exerts its affinity for parts with which it is related. These are, probably, the medulla of the brain and nerves in the disease under consideration. The hydrophobic matter may multiply itself in the system, either in the blood or in the nervous structure, according to the same law as when it retained a local seat in the part which was bitten. The symptoms also must increase in degree, according to the multiplication, and the extent of relation, of the morbific matter.

From the foregoing remarks, we are led to infer, that the hydrophobic matter remains in the seat of the bite, until a very short time previous to the general hydrophobic symptoms becoming manifest, especially when that seat is found to undergo a sensible diseased action a few hours previously to the general derangement of the nervous system taking place.

If the above inference be correct, it must follow that the surgeon would be justified in removing the bitten part any time before it shews any appearance of diseased action, from the irritation

of the hydrophobic matter, and before any of the symptoms of hydrophobia have made their appearance; but, after any of these phenomena have occurred, the probability is, that a removal of the part would be useless, because the matter of the disease is already removed from that part into the system, where it has formed new relations with seats for which it bore an alliance.

But as we are deficient in *facts*, to determine us in our conduct, and as no case has, perhaps, ever yet recovered after the general symptoms of the disease once made their appearance, it must necessarily be the duty of every practitioner to urge the part to be removed *instantly*, for he who did not do so, could never feel a clear conscience if his patient should afterwards be attacked with the disease.

Caustics have been substituted for the extirpation of the part with the knife, but with no good effect. The effect may alter according to the nature and mode of application of the caustic. But when the patient absolutely refuses to have the part removed by the scalpel, the remedy which stands next in good effect, is supposed to be caustic application of some kind. When the argentum nitratum is applied to the surface of the wound produced by the bite, as it does not possess the property of altering the form of the hydrophobic matter, it may quicken the occurrence of the disease, by increasing the activity of the absorbents connected with the wounded part. It is probable that caustics would act more beneficially if applied *at some distance round the wound*, so as to destroy the functions of the absorbents leading from it. The potassa cum calce, if applied extensively, would do this. The object is to disorganize the surrounding parts before the poison can pass through them; for any irritating substance, if applied to the surface of the wound, if it do not possess the properties of changing the constitution of the matter of disease, must evidently do harm, by accelerating the process of absorption.

As a third local remedy, substances which are known to bear an intimate alliance with vital parts should be made to pass through the seat of the hydrophobic matter, in order to change the condition of this seat, or to change the form of the matter of disease. Such substances as mercury, prussic acid, tobacco, iodine, electricity, or any other substance likely to produce those effects, might be tried. It must be remembered, however, that quickening the action of the absorbents, by rubbing, may tend to bring on the symptoms sooner, unless the substance applied should have the power of decomposing the morbific matter, or of altering the condition of its seat, so as to destroy their mutual alliances.

As nothing ought to be forgotten which may possibly do

good, it should be watched whether the reported pustules under the tongue make their appearance, and if they should, to let out their contents.

A remedy is seldom applied previously to the appearance of the disease; but when a disease is expected, the symptoms of which are already known, and whose immediate seat may therefore be inferred, it would not be amiss to endeavour to bring that seat into the condition best calculated to resist the affinity of the disease. If disease consist in a change in the condition of living parts, produced by their combination with the morbific matter, the properties of therapeutics must consist in changing the form of existence of the morbific cause, or in modifying the constitution of the seat of disease, so as to destroy the mutual affinity subsisting between the one and the other. When, then, the seat of the expected disease is already known, from a previous acquaintance with the symptoms of the same disease in former instances, it should be endeavoured to alter the condition of that seat, so as to diminish, or, if possible, to destroy its affinity for the morbific poison. When, therefore, hydrophobia is expected to occur, such substances might be administered as are known, or supposed even to possess the properties of producing a gradual change in the modification of the cerebral and nervous substances. Among such substances may be tried arsenic in small doses, copper, zinc, or any other medicine possessing that property.

Having thrown out these few hints respecting the *possibility* of *preventing* the disease, a few further remarks may be offered relative to the *possibility* of *curing* it, when the symptoms have made their appearance.

The same remedies have been used perhaps a hundred times over in hydrophobia, although they did not appear to have the least influence over the disease; whereas, if something new had been tried in every case, or at least in every few number of cases, a successful remedy might have been discovered before now. If any plan of treatment should appear to have not the least control over a disease, in a certain number of instances, bearing the same character, at least nearly so, in every case, what could be the use of persisting in that plan any longer? If a remedy should completely fail in nine cases of disease, manifesting precisely similar symptoms in each case, it would be contrary to our knowledge of the laws of Nature to expect it to act differently in the tenth. If the tenth should happen to recover, the recovery must be brought about by the powers of Nature, not by those of Art.

It is admitted that the system at large, or particular parts

of that system, may previously have been differently modified in different individuals, according to the original constitution, or according to the altered condition of the principle of life, so as to debar a remedy from acting precisely alike in every case; but reasoning from analogy, founded upon an acquaintance with the effects of remedies in other diseases, this previous condition of the system, or of the particular seat of disease, is not so dissimilar in different individuals, as to render a remedy which has a curative relation with a disease in one person, *perfectly inert* in another who is the subject of a similar disease. The general relations of every tissue are nearly alike in most systems, although each may differ a little in its modification; the effects of remedies must, therefore, be nearly alike, differing only in *degree* in different individuals: hence, mercury will generally excite the salivary glands, bark will increase the action of the heart, spirits are related with the brain and nerves, &c.; but the *degree* of effect produced by each of these will perhaps differ in every individual, according to the modified state of the part with which it is related.

When the symptoms of hydrophobia have once made their appearance, there is not sufficient time left for substances to be administered, whose properties consist in changing, gradually, the condition of the seat of the disease. Such remedies ought, therefore, to be used, as are endowed with the properties of exerting an immediate and direct influence over this seat, or those which have an intimate curative relation with the properties of the matter of disease itself. The remedies tried should be changed in every case, or at least in every certain number of cases, until one is found to succeed; and the history of every case should be made public, with a full account of every remedy which may have been tried in it.

As likewise the aversion and difficulty of swallowing, especially liquids, are so great; and as, perhaps, the action of the stomach is so disordered, as to render substances thrown into it inert, from their not being absorbed into the circulation quickly enough, if at all, it should be determined whether or not the influence of medicines would be greater or more immediate over the seat of the disease, if mixed directly with the circulating mass, by injecting them into the veins, or into the arteries. Since the disease has invariably ended in death, and since, therefore, it is our bounden duty to try by every means to change its as yet unswerving course and tendency, we should be perfectly justified in throwing into the veins or arteries any medicine which might be thought probable, or even possible, of exerting an in-

fluence over the disease. Such substances as opium, tobacco, digitalis, prussic acid, belladonna, hemlock, stramonium, &c., might be tried, dissolved in water. But the chief thing to be attended to, is to change the remedy in every case, till one is found to succeed.

Although it is not probable that water alone, thrown into the circulation, would be likely to exert much control over the disease, yet as it has been represented to have done some good, it should be again tried.

The elements of the blood are related with all parts of the body, inasmuch as they preserve the existence of these parts. As the relations of the blood are so extensive, its properties must be very numerous, consisting of those of life and structure in an elementary form. It is very probable, therefore, that the blood has an affinity for the principle of every disease, although this affinity may not be destructive to the life of the *blood* in every kind of disease, even when the alliance of the same disease is destructive to that of other seats, because what is destructive to one thing is often preservative to another.

If the above inference be correct, it would be desirable, in hydrophobia, as well as in other diseases, to abstract the elements of the disease from the blood, without abstracting those of life. This can only be done by extracting a portion of the blood itself, containing both life and disease, and substituting for it another portion containing life *without* disease. This object might be accomplished by taking away a very large quantity of blood from the subject of disease, and by injecting into the vessel, whether vein or artery, the same or any other quantity of healthy, living blood. Whether human blood, or that of any other animal, would be the better, experiments must decide. The experiment might also be tried in different ways, by drawing the blood from a vein, and injecting the fresh supply into an artery, and *vice versâ*.

It would occupy a volume to discuss the present subject in all its bearings, but the limits intended for these few hints have been already exceeded. It is to be hoped that persevering experiments will divulge some effectual remedy for the cure of this dreadful malady, which consigns yearly so many valuable members of society to their graves. The relations of the material world are very extensive, and it is to be hoped that the hydrophobic poison and vital parts do not close the chain of material affinity.

Tottenham Court Road, Sept. 8, 1824.

III.

Cases shewing the Influence of Pressure and Rest in the Treatment of Fractures of long standing. By J. Amesbury, Esq. M.R.C.S. F.L.M.S. &c.

The causes of non-union of bone are various, but, I believe, it will be found that there are very few cases which do not arise in consequence of proper adaptation and rest of the broken extremities, not being maintained during the recent state of fractures.

The following cases tend to prove, that the means which are usually employed in the treatment of recent fractures, are insufficient to prevent non-union, and also to shew what advantage may be derived, in the treatment of non-union, from the employment of such mechanical contrivances as will enable us to press the fractured surfaces together, and, at the same time, prevent them from moving upon each other.

Nov. 29th, 1822.—As Mr. Wallack, the actor, was travelling from New York to Philadelphia, the coach was upset; and he was thrown from the coach-box into the road. The body of the coach, carrying a heavy load, fell upon his leg, and produced a fracture of both bones, through the upper and middle thirds. The upper fracture was single, the lower compound. The compound fracture was not attended with much laceration of the integuments. There were two wounds which led to the fractured ends of the tibia, each of which was about half an inch long. Splints were applied to the limb, and he was conveyed to Brunswick, New Jersey, a distance of about fifteen miles, where he was put to bed, and the limb placed upon the outer side. The tension that came on in the limb was great; but the constitutional symptoms which accompanied it were not severe.

Jan. 6, 1823.—It was now considered that the bones were consolidated, but neither of the wounds was yet healed. On the 11th it was discovered that the lower fracture of the tibia was not united. A scale of bone, about an inch long and half an inch wide, was now taken away, and he was again confined to bed, with the limb lying, between splints, upon the side.

After the dead bone was extracted, the wounds healed readily; and then various means were resorted to, under the direction of some of the most eminent Surgeons in America, with a view to bring about union of the bone. Among these were friction and tight bandaging, accompanied with con-

finement in the horizontal position. After these means had been tried without benefit, he had splints applied very tightly upon the limb, and he was directed to leave his bed, and move about with the assistance of crutches; but this mode of treatment was equally unsuccessful, and he states that, while he was trying it, he frequently felt the broken ends of the bone grate upon each other.

Finding all the efforts that had been made to produce union of the bone were unattended with any beneficial result, he came to London for further surgical assistance; and on the 22d of June, 1823, I saw him, in company with Sir Astley Cooper and Mr. Tipple.

He could at this time bear the foot to rest upon the floor, so as to support the superincumbent weight of the thigh which was thrown upon it, as he sat in a chair, but no additional weight could be borne. The only fracture which remained disunited, was that which extended through the middle third of the tibia. This was oblique. Motion and crepitus were easily produced in the fracture. The foot was extended, the ancle fixed, and the limb was weak and useless.

I applied my apparatus* for fractures, &c. of the lower extremities, in such a manner as to press the fractured surfaces closely together; and directed him to take an airing every day with the assistance of his crutches, or in his gig. Severe rheumatic pain came on in the fracture the following night; but subsided altogether in a few days. This mode of treatment was persevered in for forty days, and at the end of this period the bone was found united. He states that from the moment the apparatus was first applied, he never felt the least motion in the situation of the fracture.

Mr. Wallack enjoys good health, and possesses an excellent constitution. He has seldom suffered from illness, and whenever he has received a flesh wound, it has speedily healed.

John Ballard, aged twenty-three, was admitted into St. Thomas's Hospital, under Mr. Green, Dec. 5th, 1822. This man had an old transverse fracture of the tibia, extending through the middle third of the bone. He had no swelling in the limb, nor pain in the fracture. Motion between the fractured surfaces was easily produced, and was very evident when the limb was examined. Whenever he moved the limb, he felt motion between the fractured surfaces very dis-

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* We refer those of our readers who are unacquainted with this apparatus, to a description of it in the 113th page of the 19th volume of the Medical Repository, (Old Series.)

tinctly, but it gave him no pain. He could bear the foot to rest upon the floor as he sat, but could not suffer any weight to be placed upon the knee. The limb was weak and useless.

He states that the accident which occasioned the fracture, happened on the 24th of Aug. 1822. He was letting down a cask of lead into a cellar, and, as he was standing on the ladder, the cask overpowered him, and fell. When the cask had fallen about three feet, the keen edge of the end pitched upon the ladder, and upon his leg, snapped the ladder, and, as I am informed by the Surgeon who first saw him, produced a simple fracture of both bones of the leg. He was conveyed in a coach about a mile, and put to bed, and his leg was laid upon the outer side on a pillow. An evaporating lotion was applied to the limb, which soon became very much swelled and very painful. Six days after the tension was considered to be sufficiently reduced to allow of the application of common splints. He was kept in bed three weeks after the application of the splints, with the limb lying upon the heel. At the end of this time he was suffered to leave his bed, as his Surgeon conceived that the common splints were sufficient to prevent motion from taking place in the fracture. He moved about with the assistance of crutches, wearing the splints, and carrying the limb in a sling. At the end of the fifth week, it was discovered that the fracture was not united, and that the leg was much deformed. A bandage was now applied tightly round the leg; over this, splints of split deal so as to incase the leg; and over the splints of split deal, a pair of common leg splints. He was now confined to bed again, for three weeks, with the limb lying upon the side. At the end of the three weeks, he was again allowed to get up, and move about as before, with the limb confined in the splints, as last applied. He continued this plan for three weeks, making eleven from the time of the accident. At the expiration of this time the splints were taken off; and it was found that the tibia was still disunited. He was confined to bed a third time, and had a stimulating liniment rubbed upon the leg every day, the limb lying upon the side without splints. This plan was continued till his admission into the hospital, but without any beneficial effect.

Dec. 9.—Mr. Green politely offered me the superintendency of the treatment. The apparatus was applied so as to press the broken ends of the bone firmly together. He was furnished with a sling, and directed to walk about every day as much as he pleased. At the expiration of thirty-three days, during which he occasionally felt rheumatic pains in the fracture, which however were never severe, the apparatus was

taken off, and the bone was found united. He informed me that he never felt any sensation of motion in the fracture, after the apparatus was first adjusted, though he had noticed that it frequently took place while he was wearing the common splints, notwithstanding they were applied so tight as to give him great pain. Ballard is a strong man, possessing a vigorous constitution. He may be said to have always enjoyed good health, and he states that whenever he has received a flesh wound, it has healed very rapidly.

J. Van W——, Esq. aged twenty-eight, in endeavouring to quell the negroes in Demerara, on the 18th of Aug. 1823, was wounded by a musket-shot, which passed through the leg about six inches below the knee, and produced a fracture of both bones. He was carried home, and when the limb was examined, it was found that the tibia projected about an inch. The Surgeon, not being able to reduce the bone into its proper situation, sawed off the projecting portion. He was then placed in bed, with the limb lying upon the outer side, and such means were resorted to as were thought advisable to preserve the leg; and he states, he was attended "with the utmost care."

High inflammation came on, and was followed by profuse suppuration. He remained in bed, in this position, three months and nine days, without once being permitted to have it made, for fear of disturbing the fracture. During this time the discharge continued very great, and he became much reduced.

In December he had so far recovered, as to suffer himself to be wheeled about the room on a sofa. At the latter part of Jan. 1824, he began to use crutches, and in the middle of February he went out in a gig. Some bits of bone were taken away during his confinement, and the wounds were healed. After the lapse of seven months, finding the limb entirely useless, he resolved to embark for England.

He arrived in London, and on the 6th of May called on me from the recommendation of Sir A. Cooper, who had informed him that the bone was not united. I examined the leg, and found a loose fracture of the tibia, extending obliquely downward and backward, accompanied with riding of the fractured ends. The fibula was united, and the part which had been fractured was surrounded with a large quantity of callus. Whenever he moved the leg, he felt motion in the fracture. The limb was very weak. He could suffer it to rest upon the floor as he sat in a chair, but any additional weight thrown upon the leg gave him pain in the fracture.

May 9th.—I applied the apparatus, first in such a manner

as to bring the broken ends of the bone as nearly as possible into their proper situation; and having done this, as far as the state of the parts would allow, I regulated it as in the other cases, so as to press them closely together, and to prevent any motion from taking place between the fractured surfaces. He was furnished with a sling, and desired to go about with the assistance of crutches, or in any convenient vehicle, as much as he pleased, taking care not to exert the muscles of the limb. He soon felt considerable pain in the fracture, which subsided in a few days; and having never been in London before, he now took every advantage of the liberty I gave him; but he states that he never felt the least motion in the fracture after the apparatus was applied. At the expiration of thirty-three days I removed the apparatus, and found the bone was firmly united. On the 25th of June he was able to walk about the house with the assistance of a cane only, without experiencing the least sensation of weakness or pain in the fracture.

Before he left England, which was in about seven weeks after I first saw him, inflammation was set up in the soft parts, a little distance from the part of the bone that had been fractured, which led me to suspect that some spiculæ of bone were lodged in that situation. This, I was induced to believe, might be the case, though they had not been previously productive of any mischief which led to a suspicion of their existence. He walked about considerably, sometimes the distance of a mile. This, I conceived, might cause them to irritate and produce inflammation, which it was to be expected would run on to suppuration, preparatory to their discharge. In a letter which he has favoured me with from France, dated 2d of August, he states that these have since come away.

This gentleman's health has always been such as we see in persons who possess strong constitutions, and he is certainly one of the most healthy-looking men I ever saw.

These cases, which, it appears to me, may be attributed to the insufficiency of the mechanical contrivances employed to preserve apposition and rest, shew the efficacy of my apparatus in bringing about the union of the bones of the leg after the lapse of many months.

As these patients were permitted to be about, it may occur to some of my readers that friction was produced between the broken extremities of the bone, and that ossific inflammation was set up in the same manner as when a patient, with short splints tightly bound round the leg, is ordered to bear upon the limb; but this was not the case. The ossific inflammation was set up by the *pressure, not by the combination of pressure and friction,* which happens when

the patient bears upon the limb, secured only by short splints in the usual way.

The practice of directing patients to walk upon the limb, secured by short splints only, from all I can learn, but seldom succeeds; and I suspect that the principal cause of failure is the frequent production of motion in the fracture — an evil which is effectually got over by the use of the apparatus which I have employed, as may be seen by referring to the cases.

Some Surgeons may conceive that motion between the divided surfaces does not impede the progress of union; but I am disposed to believe that I shall hereafter be able to prove the fallacy of this opinion. We must have a certain action in the part, which may be brought about by the immediate effects of the injury or by pressure; but, in addition to this action, local rest is necessary in order to ensure a favourable result.

The cases I have related satisfactorily prove to my mind, that we have no reason to apprehend the occurrence of non-union from the practice I have recommended in the treatment of recent simple fractures of the leg; and I presume it will scarcely be argued, that an apparatus which is capable of effecting a cure in cases of long standing, is at the same time likely to occasion such cases when employed in the treatment of recent simple fractures, provided it be properly applied. If this be granted, and I think it cannot be denied, I must assume that the mere existence of a fracture in the leg will be seldom sufficient to authorise us to confine a patient to bed till the consolidation of the bone is effected. He may be permitted to leave his bed a few days after the accident, and will thus be saved from the irksomeness of remaining so long in one position as is necessary for the union of the bones, and from the debilitating effects which long confinement in bed produces upon the constitution.

March 16th, 1823.—Richard Holdway, aged twenty-nine, was admitted into St. Thomas's Hospital, under Mr. Travers, having a transverse fracture of the thigh, which extended through the bone a little above the condyles. The third day after his admission, he was attacked with cholera morbus, which continued for a week, and reduced him so much, that he was not able to assist himself in the least when he wanted to be placed upon the bed-pan.

On the 22d, Mr. Travers, with his usual politeness, offered me the superintendence of the treatment of the fracture. The short splints which had been applied were now taken off; and there was no swelling nor any appearance of inflammation in the limb. Assisted by his apprentice, Mr.

Macmerdo, I applied my apparatus for fractures, &c., of the lower extremities, in the manner I have directed that it should be used in such cases; and requested him to have his bed made every two or three days; and to have the limb moved, passively, as often as he wished. This mode of treatment was followed for two months, but without any appearance of union.

May 22d.—The apparatus was now applied so as to press the broken extremities of the bone closely together, but the pressure kept up was but slight; and, in order to ascertain whether the motion which was from time to time given to the limb had any effect in preventing the union, I directed the man to remain quietly in bed in one position, and ordered him not to have his bed made above once in three weeks. This plan was persevered in till the 23d of July, making a period of four months from the time the apparatus was first applied; but neither was there at this time any appearance of ossific inflammation having been set up.

An additional apparatus was now employed, in order to press the broken ends of the bone strongly together. He soon felt pain in the fracture after this, which he compared to the pains of rheumatism. This pain was greater sometimes than others, but was never severe. On the 28th of August, the fracture was again examined by Mr. Travers and myself, and it was at this time found much firmer. The apparatus had now got out of order, and, in consequence of some delay, it was not reapplied till the 11th of September; but, in the mean time, great care was taken to keep the limb quiet. October 14th the apparatus was removed, and the bone was found united.

In this case we see the effect which a debilitating disease has in retarding the union of a fracture; and that when the action, which appears to be necessary to the production of callus, is once so entirely subdued as in this instance, it does not readily become re-established. Though I had previously treated three cases in the same way with the happiest results, I had some doubt whether, in consequence of inattention, the motion, which was from time to time given to the limb during the first two months, was at all influential in preventing the union; but this doubt was removed by the subsequent treatment, in which, notwithstanding the limb was kept quiet in one position for two months, no ossific action was set up till the strong pressure was applied. It appears to me, therefore, that the want of union in this case may be fairly attributed to the effects of the disordered and debilitated state of the system, from which he recovered but

slowly; and that the action necessary to the production of callus was brought about by keeping the fractured surfaces strongly pressed together, as in the preceding cases. Strong pressure was applied for sixty-nine days, and the man recovered without the least deformity in the limb.

John Nickling, aged twenty-seven, was admitted into Guy's Hospital, under Sir A. Cooper, July 17th, 1821. He had a transverse fracture of the right arm across the middle, occasioned by a blow from a heavy body. Liq. plumbi subac. dil. was applied for a week. The limb was then put up in the usual way with splints, extending from the elbow to the shoulder. He had no pain of consequence after the first week. The splints were removed at the end of six weeks from the time of the accident, and it was discovered that the bone was not united. All tenderness in the fracture had subsided; and the broken ends of the bone could be moved in all directions without producing pain.

The fractured bone was now enclosed in a leather case, and the limb was placed in a tin trough, bent to a right angle, and made long enough to extend from the shoulder to the wrist; and he was ordered to support his arm with a sling. The straps which secured the leather case were occasionally buckled tighter, as the muscles of the limb wasted, in order to keep up strong pressure upon the fractured bone. This plan was continued till the 11th of May, 1822, but without success. He still felt the yielding and motion in the fracture, which were evident when the limb was examined.

I was now present when Sir A. Cooper examined the fracture, and requested him to allow me to try the effect of the apparatus, which I have described, for fractures of the humerus,* before he proceeded to operate, to which he politely consented. The apparatus was applied, and the man was directed to carry the arm in a short sling. The broken ends of the bone were pressed strongly together for six weeks; and at the expiration of this time the apparatus was taken off, and the bone was found firmly united, and as straight as the other.

During the time he wore the apparatus, he had occasionally pains in the fracture, which he compared to those of rheumatism. These were at first rather severe, and the part felt sore; but both the pains and the soreness gradually subsided.

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* See a paper on Fractures, by Mr. Amesbury, in the Medical Repository, Vol. XX. (Old Series), p. 231, where this apparatus is described.

This case occurred in a strong man, whose health had always been good.

March 13th, 1823. — James Game, a shoemaker, aged twenty-eight, was admitted into St. Thomas's Hospital, under Mr. Travers, having an old fracture of the humerus just below the head. The accident was occasioned by a sudden jerk of the arm, in consequence of the thread giving way, as he was in the act of pulling it when mending a boot. At first, he had common splints applied in the usual way; but it is evident that they had little power over the fracture, as he had always found the broken ends of the bone grate whenever he moved the body or the limb.

In this case the fracture had existed thirteen weeks. Mr. Travers politely called my attention to it, and allowed me to try to bring about a union by the same means which I had already found eminently successful. I examined the limb. The man could not move the arm from the side. The fractured part was sore; and crepitus was easily produced by rotating the lower part of the bone, while the head was fixed upon the scapula, by means of the fingers. The apparatus for fractures of the humerus was now applied, in the same manner as in the last case, and was worn for thirty-two days; and at the end of this time the bone was found united.

The pressure kept up soon produced pain in the fracture, which was at first rather severe; but it subsided in the course of a few days.

This patient had not the appearance of a strong man, but he states that his health has always been good; having never experienced any illness, except such slight occasional attacks as the strongest men are subject to.

As John F., Esq., M.P., was returning from Winchester, in a very dark night, about the 20th of July, 1822, the horses got off the road, and precipitated the carriage into a gravel pit nearly ten feet deep. He felt the left arm, just above the elbow, very much stunned by the fall; and, upon endeavouring to rub the part with the other hand, he discovered that the bone was broken. He immediately sent back to Winchester for his professional attendant. He was bled; and, in about three hours from the time of the accident, the fracture was reduced and put up in splints, in the usual way. The splints were readjusted on the third day, and afterwards every seven or eight days, till it was thought they might be safely removed, which was at the expiration of about six weeks. The limb at this time appeared perfectly straight. The arm felt weak, and could not be raised

from the side without great effort; but it was believed that the bone was united. After the splints were removed, he carried his arm in a cradle for a considerable period. In the month of November, he was thrown from his horse, but was not aware that the arm received the slightest injury from the fall. Some time after this it began to feel much weaker than before, so that he was obliged to desist from attempting to carve or to raise the arm from the side. After two or three days, he again recovered the use of the limb in a slight degree as before; but it had been for some time becoming gradually deformed, and he observed that, in proportion as he attempted to use it, the deformity increased, and also the weakness, accompanied by a sensation of tightness over the fracture. In April, 1823, Mr. Segar, of Cheltenham, saw it, and expressed his belief that the bone was not united. This opinion was afterwards confirmed by Sir A. Cooper, Mr. Brodie, and myself.

On the 6th of June, 1823, in consequence of the recommendation of Sir Astley Cooper, I was requested to see this gentleman, in company with Mr. Brodie; and, upon examining the limb, I discovered a fracture extending obliquely downward and inward, a little below the middle of the bone. The limb could be readily bent at the fractured part, and was much deformed and shortened from the riding of the fragments. On the 7th of June I applied the apparatus for the treatment of fractures of the humerus. By means of this, my first object was to remove the deformity as much as possible. This I fortunately succeeded in accomplishing in a few days, so far that the broken extremities overlapped only in a very slight degree, and they were now brought into tolerable apposition.

I conceived it probable that, in this case, there was a considerable quantity of ligamentous matter thrown out between the fractured ends; and that, after the lapse of so long a period, a more than ordinary degree of pressure might be required to produce its absorption. In order to save time, therefore, I immediately contrived an additional apparatus, furnished with a screw, by means of which I was enabled to produce any degree of pressure I thought requisite, in the longitudinal direction of the bone; and to regulate it with the greatest facility. The additional apparatus was first employed on the 17th of June; and strong pressure was kept up in the lateral as well as in the longitudinal direction. The pressure which I had previously employed produced some pain in the fracture, which now became very severe. The pain continued severe for a few days, and then gradually subsided.

July 26th. — The apparatus was removed, and the limb was examined by Mr. Brodie and myself, and now only a very slight degree of motion could be discovered in the fracture. The apparatus was reapplied; and as the limb was so far recovered, we thought that Mr. F. might return to the country with impunity for the remainder of the period during which it was advisable that he should wear the apparatus. At the expiration of three weeks more, it appeared that the apparatus might be with propriety discontinued. Having received instructions how to proceed, he left town with the intention to return at the end of this time; but in consequence of some business which detained him, he did not come back till the 24th of August, when the limb was again examined, and the bone was found united.

When this gentleman had recovered the use of the limb, I requested him to allow me to ascertain the degree of shortening which remained; and upon measuring from the point of the acromion over the outer condyle to the edge of the ulna, I found that it is only the length of a barley-corn shorter than the other.

Mr. F. possesses an excellent constitution, and enjoys good health, which was in no way impaired during the existence of the fracture.

The cases I have above related, as well as those I have before published, are much in favour of the treatment of non-union by pressure and rest, and tend not a little to shew the inadequacy of the usual modes of treating recent fractures, so as to prevent that state of the fracture which is called non-union — a state which has been hitherto found so difficult to treat, that Surgeons have seldom been able to succeed in their attempts to produce consolidation of the bone.

I shall be glad if the plan I have adopted should be found to supersede the practice of passing a seton through the limb, which, if we may judge from the results in this country, is seldom successful, and is to be regarded as formidable and dangerous; as well as that of sawing off the broken extremities of the bone — an operation which, under my present feelings, nothing could induce me to perform.

In every case of non-union in which I have tried the plan above mentioned, I have succeeded in producing ossific union with almost as much facility as if the fractures were recent; and I am persuaded that if the treatment I have recommended for recent fractures be properly adopted, non-union will rarely if ever be heard of; and if it should occur under that treatment, it will be found to arise from some mechanical impediment, such as the interposition of a piece

of dead bone between the fractured surfaces, some disease in the bone, or *evident* constitutional disease or derangement.*

Great Surrey Street, Blackfriars' Road, Sept. 10, 1824.

IV.

On Dentition. By R. Bellingham, Esq. Surgeon.

It is with a view of supplying, however imperfectly, the antidote to what I consider the baneful doctrine inculcated by Dr. Robertson, in the August Number of the Repository, that I beg your insertion of the few following remarks.

The author plunges at once "*in medias res,*" by declaring his disbelief "that any disorder of the system is ever produced by dentition." To me, I confess, it appears such a work of supererogation to set about the proof of its being a fertile and frequent source of severe disease, that I could be content to refer the Doctor for information and correction to the first experienced mother or sapient nurse whom chance may throw in his way; but as this would be begging the question, or appealing to sources of acknowledged prejudice and ignorance, I will follow cursorily the arguments his scepticism suggests.

First, with regard to the want of uniformity in the character of its symptoms. Neither I, nor I presume the majority of practitioners who will join with me in opposing Dr. R.'s views, regard *dentition* as a *disease*, capable of being reduced within those useless and often mischievous rules of definition, which form what is called a nosological system — a system which too often tempts a man to prescribe to the name rather than the symptoms of disease; but as a process often producing such severe general irritation, as to excite, according to the idiosyncrasy of each, sometimes "an affection of the chest," sometimes "of the stomach and bowels," sometimes "determination to the head," often followed by "epileptic fits," sometimes "fever without any local affection," (simple irritative fever); "or, in short, a combination of all these disorders." These consequences of difficult dentition are most correctly detailed, though they are all ascribed to the mistakes of prejudice. The same sceptical reasoning might deny the existence of gout to any thing but its usual form of inflammation of the joint of the great toe, and ridi-

* In taking this view of the subject, I do not mean to include fractures of the neck of the thigh-bone within the capsule.

cule a reference to a gouty diathesis in all those Proteiform affections to which such patients are prone. Is it possible Dr. R. can have gone beyond the ruminations of his closet? Has he drawn his observations from the only legitimate sources — the cradle's side or the nurse's lap? I cannot believe it. That in cases where each and all of these symptoms have existed in an extreme degree, resisting the aid of the best directed medicinal treatment, I have at once relieved the little sufferers by the simple scarification of the gums, thus taking off the tension which I regard as the irritating cause, is a fact so established in my conviction, and so familiar in my practice, that I can hardly believe it necessary to state so obvious a fact.

Dr. R. says, " man is the only animal supposed to suffer from dentition." To correct this erroneous assertion, I refer him not only to any veterinary surgeon, but to the most ignorant village farrier, who will inform him, that when the young horse is cutting his grinders, he often suffers so much as to fall into a state of marasmus; that in other cases he will have severe ophthalmia, threatening the loss of vision, if this process be not adverted to. I should have suspected the Doctor had so often witnessed the barbarous operations the farrier adopts for their relief, that his imagination had been filled with terrors, and that he had nothing less than the red-hot cauterising iron before his eyes, when he so pathetically deprecates the horrible operation, which, if the little patients could express themselves by words, they would still more pathetically implore. The reference to the analogy of animals adds no strength to his arguments. I have already shewn, that in the instance of the animal most within our observation, and guarded with the greatest care, such affections do occur: the broad assertion that they do not in others, I take to be merely gratuitous. Dr. R. must first place them in the same relative circumstances for his observations, and above all he must shew (what few will be inclined to admit) that the nervous and vascular irritability is equal.

The author says, " infants *about* the period of dentition are more liable to be affected with the ordinary causes of disease than when farther advanced." Surely this is flimsy reasoning! Are they more liable at the 6th or 8th month, than at the 2d, or 3d, or 4th; or more so from the 18th month to the 24th, than from this period to the 30th? Again I must refer his inquiries to the nurse, whether it is not a matter of daily observation, that infants at the breast go on uniformly well till about the sixth month, when, *every other circumstance being the same,* they

first become peevish, restless, and irritable; the salivary glands secrete abundantly, the functions of the stomach and bowels become irregular, papular eruptions appear on the skin, and the sleep is much disturbed. These are symptoms which, in a greater or less degree, almost invariably accompany even the healthy process. They generally require little or no interference from art; they seem, in fact, salutary actions set up by Nature to avoid greater mischief to the system; but they occur so generally as to disprove the author's assertion most clearly; and to deny to them the connecting links of cause and effect, is to reject all the evidence of reason and truth. Will Dr. R. admit these actual concomitants, of ptyalism, moderate diarrhœa, and cutaneous eruptions? and has he taken the pains to ascertain whether, in the absence of these obvious determinations of the circulation, there is not usually a train of much more formidable symptoms? Would he venture to check this diarrhœa with the same boldness as one proceeding from any other ordinary cause? Or where convulsions supervened during dentition in a child of full habit, in whom this increased secretion of the salivary glands had not occurred, or had been suppressed, would he content himself with the action of an emetic (which in the first instance might aggravate the pathological condition which actually caused them) or a purgative? That those children who are ill fed and ill managed should suffer the most severely from this cause, is quite natural; for whatever disorders the general functions, increases their irritability, and renders them more susceptible from any exciting cause of diseased action. That even "pneumonia" may often be traced to this as its cause, I have no doubt, for when "the phlogistic diathesis is produced in the system," the lungs may, from original or hereditary conformation, be more prone in one child than another to congestion or inflammation. Dr. R. says, "this is a general cause, not a local one." I allow it; but is it not equally true of all the varieties of continued fever, which yet, though commencing in general vascular excitement, are accompanied in their progress almost uniformly (perhaps always where they terminate fatally) by congestion or inflammation of some important viscus of the abdomen, thorax, or the head, the idiosyncrasy of the patient determining the part where the violence of the disease concentrates itself. The Doctor doubts "if dentition ever appears as a distinct local affection." I think this proof of little consequence, and generally the minute examination of the delicate investing membrane of the tooth is impossible; but I have now and then seen suppuration of the gum, and, much more frequently, extensive ulceration.

My reading is too limited to furnish me with the cases "where death has ensued upon scarification of the gums:" I should be glad to be referred to them, and especially to have any rational explanation of such a result. Till then I must consider the idea a mere bugbear, or infer that the author has been misled by that fallacious argument so often met with in medical reasoning, "post hoc, ergo propter hoc."

Next follows a sketch of the anatomy and physiology of the parts concerned, but his view of the process is too strictly mechanical to afford any correct illustration of a vital process. We have little to do with, and still less power of estimating, "the propelling force" of which he speaks so much; but I would ask if he ever watched "the propelling force" of a weak and tender fungus vegetating under a heavy mass of stone or wood? If he has, he will judge more fairly of the possible force exerted here: but what has "a propelling force" to do with the progress towards the surface which an abscess makes, even though bone may intervene? Does it not depend more on absorption than propulsion? Yet more irrelevant is the question as to the resistance offered by the jaw-bone, the protection it affords to the rising tooth, or the hard and insensible nature of the enamel covering the corona of the latter. Who ever imagined that *the tooth* was the seat of pain, or even the maxilla which surrounds it? If it were so, the obvious principle of any operation would be, either to extract the former, or, by cutting its bony case, to lessen the resistance of the latter; and the author might with some justice condemn the barbarous empiricism of such a practice; but contrasting it with the simple and effectual plan usually adopted, I cannot account for, or understand, the expressions of the author as to "destroying or cutting away portions of the gum," for scarification implies neither. The principle is simply to relieve tension of the gum and periosteum, which he admits "may be acutely sensible when inflamed;" and I look upon this equally important, or even more so as to the comparative danger, with the early division of fascial coverings in cases of suppurative inflammation. It is not to *liberate* immediately the imprisoned tooth: this is the narrow and mechanical view of the matter which an ignorant nurse often takes of it. The end is often fully attained, by the relief of extreme suffering and danger instantaneously, though the gum soon cicatrize over the tooth, and many weeks elapse before it emerges. This cicatrized surface appears to be more readily absorbed, and with less irritation than it would be otherwise. How often is the practitioner engaged in some such colloquy as this with a nurse!

"Sir, the teeth you lanced a week ago are not yet come through, though you thought they wanted lancing very much."—"Very true; but how is the child? Have the convulsions returned? is the fever still violent? is the child as restless as before?"—"Oh no, sir—the child has been quite well ever since."

It is not only possible but natural that this state should sometimes be suspected, and the lancet employed without occasion: it may probably be sometimes the plea of ignorance or indolence, ever prone to adopt the readiest though not the truest solution of a difficulty; but in spite of the author's alarm, it is a safe and harmless error, whereas its omission, when such a state of erythism exists, is full of risk. I have often seen a state of complete marasmus, the countenance of the child indicating the marks of extreme old age, from the absorption of the adipose substance, relieved at once by the free scarification of the gums, when all medicinal treatment had failed. This seems a chronic state of an affection, which is much more frequently acute and violent, and I believe this form usually occurs during the cutting of the molares. I believe that many cases of convulsions, terminating in habitual epilepsy, and sometimes in the most wretched fatuity, frequently have their origin in the irritation excited by this process. In these cases probably the pathological condition is to be sought for in some disorganization within the encephalon.

I would not be understood to say that the gum lancet is to supersede the adjuvantia of medicine, diet, warm bathing, leeches, &c.; but I must protest strongly against the fallacy of disbelieving the existence of such a cause. I know indeed of no case in which the useful medical, as well as correct logical axiom is more palpable, "sublatâ causâ, tollitur effectus," as in the irritation, with all its train of evils, *depending* on *difficult dentition*. I do not take upon me to explain the difference in the manner in which this process goes on in the first and second dentition. The system in the latter period is certainly less irritable, and probably the more complete development of the parts themselves is more favourable to the progress of the second set. No one, however, can dispute the fact. Yet it is not even in later life that the process is always easy. I do not wish to offend the author, or take upon me the authority of a college examiner, when I ask him if he has yet cut his "*dentes sapientiæ;*" for my own part I have, and I sustained so much inconvenience during the period, that I can readily imagine it sufficient to have excited in an irritable infant great constitutional disturbance.

The conclusion to which the author comes is, "that den-

tition has no effect in bringing on disease; that it is a regular process of nature, directed by the great Author of our existence," &c. Surely this is rather *the cant* than the genuine language of philosophy. Is it less absurd to say, "the peristaltic action of the intestinal canal, and the evacuation of its feculent contents, are processes of nature directed by the Author of our existence;" that therefore, though these should be suspended, interrupted, or rendered ineffectual in one case, or morbidly and dangerously excited in another, we are neither artificially to supply its defective stimulus, nor check its excess, however obvious the indication, or pressing the emergency?

Parturition is equally a process of nature, and referring, as the author has done, to the lower animals, generally requires no interference, (though the exceptions to this are numerous;) but are the skill and science of the accoucheur therefore not only useless but mischievous? I have seen in the adult a puncture from a thorn in the tendinous theca of the finger, or the palmar fascia, followed *locally* by intense pain, inflammation, and suppuration, (sometimes propagated to the absorbent glands of the axilla,) and *constitutionally*, by high vascular excitement and delirium. What is the remedy? A free incision in the part gives exit to a trifling quantity of pus, it relieves tension, the cause of irritation ceases, and the constitutional disturbance subsides; yet such a patient is much less excitable than an infant.

I fully believe that the general reception of Dr. Robertson's ideas would be productive of much misery to the patients, as well as anxiety to the parents, and that many lives would be sacrificed to such a theory. Abler advocates, however, if such be required, will doubtless be found to counteract its tendency; for the present I have trespassed much farther than I intended on your pages.

Bolton Street, Aug. 21, 1824.

V.

A Case of Hydrophobia. Communicated by W. T. Iliff, Esq., Surgeon, &c.

James Horsefield, aged fifty-seven, was, on the evening of the 21st of July, bitten and scratched by a cat, which was considered by his neighbours to be in a rabid state. On the 22d (about thirteen hours after the accident), he applied to me for advice: I immediately applied assiduously the nitric acid to all the wounds (five or six in number)

gave him a purgative, and directed that the whole hand and wrist, where the wounds were situated, should be enveloped in a linseed meal poultice. For a week or ten days the poultice was continued, and the bowels kept open by occasional purgatives of salts and senna.

No symptoms requiring medical aid appeared at this period to exist, and the plan was therefore discontinued. He suffered afterwards for a time with cough and slight dyspnœa, for which he had become a patient at the South London Dispensary, under the care of Dr. Reeder.

On Friday the 3d September, forty-five days after the insertion of the poison, he experienced itching in the hand, and was observed frequently rubbing it.

On Saturday the 4th, he complained of considerable pain from the wrist to the shoulder, which he considered rheumatic. He was very restless during the night owing to the pain.

Sunday 5th, he still felt pain, was chilly, uncomfortable, did not relish his food, and was irritable. He passed a very indifferent night; and on Monday, at dinner-time, on attempting to swallow, found difficulty in doing so. He then observed to his wife, that when he took some ale in the morning, it appeared as if the jug jumped away, for he could not get it to his mouth as he wished.

His symptoms continued to increase; and, being requested to visit him, I called at a quarter past six, P.M. I found he was in a doze. Upon my speaking to him, he appeared annoyed: his countenance was pallid, and an unusual wildness was evident in his manner. He seemed to entertain no idea of the nature of the malady he was labouring under. His wife was making tea; and, at my request that she would give a cup to her husband, a paroxysm succeeded, which immediately confirmed my opinion of the case. His pulse was small and weak, about 130. His arm was still painful, but not swollen; the wounded parts looked well, and no blush of inflammation was visible along the course of the lymphatics. He complained of thirst, slight headach, and trifling pain in his back. A strong purgative of calomel and cathartic extract, with the infus. sennæ and salts, was with some difficulty got down. The medicine acted briskly during the night; but on Tuesday the hydrophobic symptoms were evidently increased. A small quantity of water poured from the kettle in a mug, blowing in his face, the sight of liquids, or the idea of swallowing, produced a state of convulsive efforts not easily to be described.

He was visited at intervals, during the day, by Drs. Reeder and Blundell, Messrs. Callaway, Bryant, and myself. The

extract of opium, with superacetate of lead, were administered, but much difficulty was experienced in getting them down. His thirst continued considerable and very distressing to him. Small quantities of sopped bread were taken with much effort and distress. His pulse varied between 100 and 120.

In the evening his symptoms had evidently not increased, and we therefore decided not to attempt Magendie's plan of injecting warm water in the veins until the following morning, unless his symptoms should be materially aggravated. About ten, P.M., whilst near his door, a cat mewed, and he immediately suffered a most violent paroxysm, inasmuch that it required four men to hold him down. On his recovering a little, he exclaimed, with great agitation, "Good God! is it come to this? I have twelve hours yet to live — 'tis a long time to suffer so dreadfully." He referred his whole sufferings to his fauces, which he said were very dry; was annoyed with viscid saliva, which he continued spitting; requested we would blow his brains out; and talked very irrationally, observing to those around him that a cat was near, and begged they would kill it. From this time he appeared sensible of his disease. His hydrophobic symptoms continued to increase, and the night was passed in a very distressing state.

On the following morning (Wednesday the 8th, or the fiftieth day,) he was visited at seven, A.M., by Dr. Reeder and Mr. Callaway. His pulse being 130, and rather hard, it was thought advisable to abstract some blood from the arm, preparatory to the operation of injecting the warm water. About two pounds were abstracted. His symptoms appeared by this to be aggravated; and upon his being visited a little before ten by Dr. Reeder and myself, we found he had just lain down and expired.

During the twenty hours prior to his death he had taken 16 grs. of the ext. opii and 10 grs. of lead; but neither the one nor the other appeared to exert any effect over his symptoms. His tongue had been throughout white and furred, but not dry: no peculiarity was observed under it.* Attempts to swallow solids or liquids produced nearly an equal result.

The *post mortem examination,* which took place six hours after death, exhibited nothing remarkable. The muscles

* The pustules described by M. Marochetti, and which have been seen recently by several foreign Physicians, form under the tongue within a few days after the inoculation of the rabid virus. They are entirely absorbed generally some time before the appearance of the hydrophobic symptoms. — Edit.

were somewhat rigid: the heart was healthy — the right auricle was filled with a clot of coagulated blood. The thoracic and abdominal viscera seemed perfectly natural, not the slightest appearance of inflammation existing any where. The brain was rather firmer than usual, and the dura mater adhered strongly to the cranium. The blood taken from the arm was neither cupped nor buffed. The serum was of a light straw-colour; the crassamentum unusually soft.

The lead and opium would have been carried to a much greater extent had it been possible to have got it down; but we intended to have put Magendie's plan into execution, had not death terminated the sufferings of the unfortunate individual so rapidly.

The man's becoming sensible of his disease upon the mewing of a cat, and his dying at the time he asserted he should, are facts worthy of recording.*

1, Lambeth Road, September, 1824.

VI.

Case of Sudden Death. By R. Dickson, Esq., Surgeon of his Majesty's Ship Cherokee.

September 1, 1824. — J. Barton, seaman, aged about fifty, belonging to his Majesty's ship Prince Regent, while pulling to the dock-yard in that ship's boat, fell suddenly from the oar, apparently dead. He was taken to the dock-yard, and thence on board the Cherokee. At seven, A.M., I saw him (which was about fifteen minutes after he thus fell): the man was quite dead, and, of course, all means that I could use were futile. At three, P.M., a coroner's inquest was held upon the body; and, in order to give evidence, I examined the brain. On removing the dura mater, falx, &c., I found upon the middle lobes of the brain, where they come in contact with the falx, a considerable quantity of thick grey-coloured pus, most of which lay in a cavity formed by ulceration of those approximating portions of the middle lobes. That portion of the falx which bisected the abscess was diseased, and was pervious to the abscess. The convolutions of the brain abounded in serum, and the lateral ventricles contained each an ounce and a half of serous

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* We have heard of a presentiment of the period of dissolution being felt by patients in other cases of hydrophobia. The circumstance is certainly curious. — Edit.

fluid. I gave my opinion "that the deceased came by his death by an abscess bursting upon the superior part of the brain."

P.S. — From this man's messmates I learnt that he had not complained for some months previous, and that he had done his duty, eaten his allowance, and drank his "pint" like others.

PART II.

ANALYTICAL REVIEW.

I.

Original Cases, with Dissections and Observations, illustrating the Use of the Stethoscope and Percussion in the Diagnosis of Diseases of the Chest; also Commentaries on the same subjects selected and translated from Avenbrugger, Corvisart, Laennec, and others. By John Forbes, M.D., Physician to the Chichester Dispensary. 8vo. pp. xxxvi. 302. London. 1824.

Dr. Forbes begins an argumentative and interesting preface with asserting his "conviction that the work is wanted, and that it will be useful to the Profession." We are by no means disposed to dispute these premises, for we believe that a work of this description was wanted in our language, and that the Doctor's attempt at supplying the deficiency will prove both useful and acceptable to Practitioners.

Whilst stating the object of the volume, he gives this opinion, in which we entirely concur: —

"The mere fact of the publication of the present volume, is sufficient proof of the high importance attached by me to the diagnostic measures which it is its object to recommend. I think it, however, necessary, in this place, to state more explicitly the judgment which I have been led to form of them from my own personal experience. I have already said that, during the last two years and a half, I have been in the habitual employment of Auscultation and Percussion (more especially the former), in my public and private practice, and in a pretty extensive field; and I can most conscientiously add, that the additional experience of every successive month and week, has only tended to increase more and more the confidence previously reposed in them. If I may be allowed to judge from the benefit which I have myself derived from them, in all the departments of medicine; in pathology, diagnosis, prognosis,

and treatment; I cannot but consider their general adoption by the profession in this country, as an event to be most ardently desired, and their comparative rejection hitherto as a circumstance to be much deplored."—P. xiv.

We believe that several of the most zealous, and certainly of the best-informed Practitioners in the metropolis, employ both auscultation and percussion when circumstances permit them to do so; and, judging from our experience of both, we have every reason to suppose that they are satisfied with the assistance which both these methods afford them in practice. The difficulty of using the stethoscope and of interpreting its reports has been, we know, much complained of by many; and we believe that by none has it been more censured than by those who never twice made the attempt of applying it. We are satisfied, however, that whoever chooses to be at but a little trouble in using it, will have ample reason to be satisfied with the information it conveys them; it should be also recollected, that it is by no means fair to condemn an instrument because it cannot perform a part which strictly belongs to the intelligence of him who uses it. Laennec constructed his stethoscope on acknowledged principles of science, but it was beyond his genius to endow it with intellection: for this the practitioner must look to himself.

It neither belongs to our plan, nor to the limits of this department of our Journal, to give an analysis of the various important matters contained in this volume. No analysis, short of a transcription of nearly the whole, can convey a satisfactory idea of the various topics which are discussed in it. The *first part* of the volume is on "*percussion of the chest,*" and is a translation of Avenbrugger's important treatise on the subject, with the addition of judicious selections from Corvisart's Commentaries on that work, and of notes by our author. This part is in an aphoristic form, and contains diagnostic precepts which ought to be in the recollection of every Physician. These precepts are delivered in a manner which precludes abridgment, even were it in our power to devote sufficient space to the purpose.

The *second part* of the volume is on "*Mediate Auscultation;* being a brief outline of the method of distinguishing diseases of the chest by means of the stethoscope." This part is extracted from M. Laennec's original treatise, and contains much information on the subject in a small space. This outline cannot fail of being useful to those Practitioners who have neither Laennec's original treatise, nor our author's translation of it: indeed it is, at present, the only guide to

the subject which they can obtain, as both the French and English works are not now to be had.

Dr. Forbes, having succinctly, yet fully explained the methods of recognising the pathological conditions of the organs contained in the chest by percussion and mediate auscultation, next adduces a number of interesting cases demonstrating the utility of both these methods of diagnosis, as well as illustrating the pathology of the viscera contained in this cavity.

These cases upon the whole seem to be detailed with candour, fidelity, and precision — qualities which cannot fail of recommending them to the notice of our readers. We give an analysis of two or three of them, as specimens of this part of the work : —

" *Case XIII.*—*(Supposed) Original Debility* [*extenuation*] *of the Heart.*—Aug. 30, 1822. A delicate young gentleman, of a strumous family, and having lately lost a brother from phthisis. Has been ailing for six months, the principal marks of disease being debility, dyspnœa (no cough), tightness across the chest, and soreness of the same part when touched roughly, headache,—and a constant *sense of coldness*. This last symptom has been constant and very marked, throughout his whole illness. There has never been any heat of skin, nor yet great quickness of pulse : this has been generally soft and weak, somewhat quicker than natural, and occasionally irregular in force. The bowels have been torpid, but there have been no decided marks of disordered digestion. He is florid. Latterly he has slept very ill, and often awaked in great terror. He has also found that running rapidly up stairs has produced severe pain under the sternum, and such extreme exhaustion as to oblige him to lie down instantly. (This circumstance has only happened twice or thrice, and lately.) Within the last month he has been bled twice, and each time found very great and instantaneous relief of his habitual uneasy feelings in the chest. He can lie very well in any posture, but prefers keeping his head high. He sleeps very little. A deep inspiration gives pain, or rather an uneasy feeling of tightness under the lower half of the sternum, but does not produce the slightest tendency to cough. The heart is felt (by the hand) pulsating strongly; or, rather, very obviously, but without great force.

" The Stethoscope, in the region of the heart, conveys a loud sound, and a moderate impulse, and indicates occasional irregularity of contraction of the ventricles, but conveys no foreign sound. The instrument also detects the sound of the heart over the *whole* of the chest, before and behind, on both sides, feebly on the back, but most distinct on the whole right side anteriorly. The respiration is natural. N. B. The blood drawn was not at all buffy.

May, 1824.—This young gentleman has remained nearly in the same state, unable to go to school, yet not confined to the house. He retains his usual fresh and florid colour.

"*Remarks.*—Does not this case afford an instance of a numerous class of diseases, little noticed by Practitioners, which depend essentially on an original disproportionate power of the heart? The only morbid condition of the thoracic viscera, indicated by the stethoscope, is a slight enlargement and extenuation of the ventricles. Will this condition of parts account for all the symptoms? And if it does, will it lead to a rational practice? I conceive that both these queries may be answered in the affirmative."—P. 169.

"A just theory ought to lead to a good practice. In the present case, perhaps, in place of attempting to ward off inflammation in a subject predisposed to phthisis, by low diet and antiphlogistic regimen, we ought to endeavour to strengthen the muscular system by such measures as did [do] not, at the same time, overmuch precipitate the transmission of the venous blood,—such as generous diet—friction—gestation—pectoral gymnastics (with the view of enlarging the chest)—warm clothing—the shower bath, or partial bathing of the chest with vinegar and water," &c. &c.—P. 170.

That "an original disproportionate power of the heart," arising from a congenital thinness of its parietes, as he ascribes it, actually exists in several cases, we are disposed to concede to our author; and we are inclined to believe that such a conformation is more probably to be observed in scrofulous subjects than in others, because in them the parietes of the blood-vessels, and the capillary system, are evidently much thinner than in persons of a robust habit; and it is not improbable that a similar conformation to that existing in one part of the vascular system, may be extended to the whole. But we are inclined to believe that in this, and other such cases, the disorder is more one of function than of disproportionate development of the parietes of the organ—more one of deficient vital energy of the circulating system, than of tenuity of the walls of this system.

The next case which we adduce, fully illustrates the correctness of the diagnosis furnished by the stethoscope and by percussion.

"*Case* XXI. *Chronic Pleurisy—Scirrhous Lung.*—January 22, 1824. Mrs. E., aged fifty-three, has been subject to some cough for some winters past. About six months since, she was attacked with an inflammatory affection of the chest, which required V.S. more than once. Since that time she has never been well; and during the two last months she has been considerably worse. Her principal complaint has been a very violent cough, coming on by fits, lasting some considerable time with great severity, and accompanied by a very scanty expectoration of white and very viscid mucus: once or twice only, lately, this mucus has had a slight tinge of blood. She has had no pain in the chest, and complains now only of a very slight one about the larynx, on taking a deep inspiration. There is not much habitual dyspnœa while she

remains quiet; but the breath is very short after coughing or bodily exertion. The pulse is very little, if at all, quicker than natural; and it has not been so at any time. The bowels and appetite are in a natural state. She is fresh-coloured, and has lost but little flesh. She cannot lie on the right side, and has remarked that the mamma on this side has become somewhat wasted. On examination, the right side of the chest, under the clavicle, seems somewhat more compressed than the other. On applying *Percussion*, the difference of sound on the two sides was so very great, as to be, at once, spontaneously remarked by the patient herself, and the by-standers, at the time; — the sound of the left side being very clear, and that of the right quite dull — indeed fleshy. The *Stethoscope* gives analogous results, — the respiration on the left side being very loud, indeed puerile, and only just barely perceptible on the right. There is no rattle. *Hægophonism* appeared to me distinct on the right side; — at least there is a kind of punchinello-note very audible on this side, and not at all on the other.

" *Diagnosis.* — Chronic pleurisy, with copious effusion, of the right side.

" *Prognosis.* — Very bad : — death ?

" I recommended a strict vegetable diet; a few leeches, and a blister to the right side, to be repeated occasionally; and an almond emulsion with a little manna to regulate the bowels." — P. 248.

This patient continued to live until July the 5th, without any material change of her symptoms, and without paying strict attention to the treatment prescribed for her.

" *Dissection.* — Surface of the body very pale, but not œdematous. Percussion of the chest still elicited the preternatural sound from the right side, and the natural sound from the left. Previously to laying open the thorax, the point of a scalpel was thrust into the right side of the chest, on the axillary aspect, between the fourth and fifth ribs, when a stream of dark-yellow serum issued forth. The following is a brief note of the state of the viscera : — The right side of the chest was completely filled with the kind of fluid already mentioned, as having flowed from the puncture in the side; at least, it would have been quite full, if the portion that escaped (about half a pint) had been added : the whole quantity being full three pints. Though of a dark saffron colour, like a strong infusion of souchong tea, this fluid was perfectly limpid, and unmixed with any shreds of lymph or purulent deposition. The right lung was compressed on all sides, but especially from below, towards its roots in the mediastinum, into a compact rounded body, somewhat in shape like a couple of closed fists joined together, and about the same size. In no point did the lung reach nearer than an inch and a half of the parietes of the chest; and on the lower parts, it was removed from these to three or four times this distance. The substance of this lung was very compact,

much larger than sound liver, and pretty closely resembling, both in consistence and texture, certain varieties of what is commonly called scirrhous liver. The vesicular structure of the organ was entirely destroyed; and, consequently, the natural crepitous character was lost. A considerable portion of it was of a whitish colour, somewhat softer, and looked as if intimately imbued with a purulent fluid; but there was nothing like abscess or tubercle in any part of it: it sunk in water. The whole of the pleura on this side had lost its natural characters. It was considerably whiter than usual, and without the glossy lustre of a serous membrane. It was every where rough, and extremely uneven, to the touch. On examination, this roughness appeared to be owing to a sort of fibrous or cartilaginous degeneration of the pleura; and to its being more prominent and conspicuous in certain points. This membrane seemed in some places as if it lay over these rough scaly points, and in others as if it lay under them. On cutting out portions of the pleura, however, these eminences appeared every where to form only one substance with it. The thicker points, when cut into, had clearly the character of soft cartilage. The effect of the whole was, to give to the pleura an average thickness of three or four times the natural. There was not the slightest mark of recent inflammation; nor any adhesion between the lungs and costal pleura." — P. 251.

The author's remarks on this interesting case are sensible, and shew that he has studied, with laudable assiduity, the subjects on which he has written.

" The morbid appearances in this case certainly agree very well with that of hydrothorax described by Laennec, as depending on a tuberculated state of the pleura: or, perhaps, they agree still better with a granulated state of this membrane described by him, and derived in the first instance from inflammation (ibid. p. 417). The following extract from Broussais's account of Chronic Pleurisy bears very closely on the character of the present case: — ' Si la pleurésie a été chronique, on remarque bien souvent que la séreuse a été considérablement épaissie; on trouve entre ses lames des tubercules ou de petits dépôts de matière tuberculeuse; quelquefois son tissu paraît désorganisé et converti en substance lardacée, en cartilage, en os, &c. Ce liquide se rencontre ordinairement en très-grande quantité, et le poumon est quelquefois si atrophié, qu'on pourrait, au premier abord, s'imaginer qu'il a disparu.'" — Phleg. Chron. T. I. p. 341.

" There can be little doubt, I think, that, in the present case, the disease of the pleura (whatever may be considered to be its nature), and the consequent effusion, were the primary affections; and the compression and hepatization of the lung secondary. As far as regards the lung only, I consider this as an excellent example of Avenbrugger's scirrhus; and I think there is every reason to attribute the imperfect hectic of the latter stage of the disease

to the incipient softening of the indurated viscus, so well described by the same author." — P. 254.

The only other case which our limits permit us to notice is one of *asthma* (case xxxix. and last.)

" *September* 24, 1823. — Mr. L., aged thirty-eight, was affected with paroxysms of asthma once in four weeks, on an average, for five years. The usual duration of the attacks is two or three days. Palpitation of the heart always commences with the paroxysm, and passes off with it. There is no cough before, during, or after the paroxysm; and there is never any expectoration." " His bowels are always relaxed as long as the fit lasts (although at other times rather confined), and he also then makes a great deal of limpid urine. In the intervals, he is pretty well, but not able to take very violent exercise; yet he has no habitual dyspnœa worthy of notice, nor palpitation of the heart; nor is this latter state ever induced by the common exercise of quick walking, or even by running up stairs." " He is moderately lusty. He labours at this time under one of his usual paroxysms, of great dyspnœa, wheezing, oppression on the chest, and palpitation. He was attacked yesterday. The pulse is 114, small and regular.

" *Stethoscope.* Impulse and sound of the heart, proportional to each other, and considerably greater than natural, in the cardiac region. Sound audible over both sides of the chest anteriorly, but not very loud, just perceptible on the left side of the back, but not on the right. Impulse rather more under the xiphoid. Rythm perfectly natural. Respiration audible over the whole chest, but slight, and hardly perceptible in many places but by means of a very loud sibilous rattle (like the sighing of wind through crevices, &c.), which accompanies it over the whole chest, and which is most audible on expiration.

" With the view of affording temporary relief by unloading the heart and lungs, I prescribed venesection. I saw this patient on the following day, and was informed that he became very faint after the loss of about six oz. of blood (which is of natural character). He experienced no speedy relief from the bleeding; but the paroxysm began to disappear in the course of the night, and he is now (eleven, A.M.) nearly well, but not quite.

" The stethoscope now shews the sibilous rattle to be almost entirely gone over the whole chest; and it is also now evident that the natural sound of respiration is very indistinct over the greater part of the chest: there being perceived rather a very feeble continuous murmur, without any of the usual alternating sounds of healthy inspiration and expiration. In some places, especially under the right clavicle, and in a less degree under the left, and in some points on the back, respiration is more distinct and natural. The sound and impulse of the heart are now quite natural; the sound is heard in a very moderate degree, on the right side anteriorly. The pulse is now much slower, and of healthy character.

"January, 1824. — He has been pretty well of late; and is so at present. Pulse 72, very small and regular.

"*Stethoscope.* Respiration on the right side very indistinct every where; — indeed not at all perceptible, in many places, even on a quick inspiration. In one point under the clavicle there is a slight rattle; elsewhere there is none. Respiration somewhat more audible on the left side, especially during a quick inspiration; but still, on the whole, extremely feeble; quite as audible on the inferior parts as on the upper: no rattle.

"*Percussion* elicits every where the natural sound.

"*Remarks.* — This is clearly a case of asthma, more properly so called, and in perhaps as pure a state as it usually occurs. Even here, however, I think there is obviously some material or organic morbid affection of the lungs, as indicated by the unnatural state of the respiratory sound over the whole chest; — most probably emphysema, as was suspected in the preceding case." — Pp. 274—276.

We are of opinion that percussion and mediate auscultation, employed both during the paroxysms of asthma and in the intervals, are calculated to elucidate the nature of this disease, and to demonstrate its idiopathic character, which has recently been doubted — and we think without sufficient reason — by some Continental pathologists.

We hope our author will continue to investigate closely this disease by the diagnostic methods on which he has written; and of which methods his volume forms a very excellent manual.

Dr. Forbes concludes the volume with an abridged translation of Dr. Collin's very useful Essay on the Physical Diagnostics of Diseases of the Chest, which appeared recently at Paris. This treatise consists of two parts: the *first* is a brief outline of the exploration of the chest by means of *auscultation*, — *percussion*, — *succussion*, — *mensuration*, — and simple *inspection* of its movements during respiration; the *second* part is a special application of these different methods to the diagnosis of the individual diseases of the viscera of the thorax. This essay is extremely interesting. Dr. Forbes has given so condensed a translation of the original, as to preclude the possibility of an analysis of it; and it is much too long to be transferred to our pages.

We take leave of Dr. Forbes's volume with an expression of the satisfaction we have felt in perusing it. It contributes most materially to our knowledge of the morbid changes to which the viscera of the thorax are liable, and of the outward signs by which these changes may be recognised during the life of the patient. The translated part of

the work consists of valuable treatises which cannot easily be procured in this country, and which ought to be in the possession of every Practitioner who is anxious to perform his duties conscientiously and creditably; and the original cases and remarks, which constitute the chief bulk of the volume, are calculated to form an excellent appendix to the great work of Laennec.

II.

Manuale Medicum, or a Medical Pocket-book for the Use of Students. Adapted to the last Edition of the Pharmacopœia Medica. By H. L. Saunders, Surgeon. 12mo. Pp. xvi. 200. London, 1824.

This little manual is divided into two parts: the first part treats of remedies; the second of diseases. It is obvious that a production like this, from the circumstance of its being altogether elementary, cannot be the subject of a formal review. We shall, however, extract, as specimens of its execution, enough of the contents to allow our readers to form their own opinion as to its execution.

The author classifies remedies as follow: — 1. Nutriments or Food; — 2. Diluents or Beverages; — 3. Vital Excitants; — 4. Morbid Excitants; — 5. Excitants; — 6. Sedatives; — 7. Abactuants; — 8. Roborants; — 9. Debilitants; — 10. Astringents; — 11. Relaxants; — 12. Hypnotics, Anodynes, &c.; — 13. Antiscorbutics; — 14. Corrosives; — 15. Alexipharmics. To these are added an Appendix Medicamentorum.

We give the author's Seventh Class as a specimen of this part of the work: —

"Abactuants. — An assumed term, derived from the word *abigor*, intended to include remedies for the removal of diseases immediately occasioned by a stimulus operating commonly on a part only, but sometimes generally.

"Sub-Div. I. Operating on the Surface. — § 1. *Removing the Stimulating Agent*, by — Extraction or extirpation — ablution, as by lotion, gargles, &c. — evacuants, as by emetics, cathartics, &c. — dilution — the removal of caloric and light — increasing local secretion — neutralization — destroying susceptibility — exhausting morbid action — specifics — removing pressure, concretions, congestion — destroying animalculæ.

"Sub-Div. II. Operating Externally. — § 2. *Removing the offending Agent*, by — The removal of concretions, extravasated blood, scirrhous parts, watery fluids — letting out gas — dis-

charging or absorbing pus — removing extraneous substances — destroying syphilitic or mercurial irritation — poisoning worms, vide anthelmintics — removing morbid ossifications, secretions.

" Anthelmintics. — Cambogia, *gummi resina*, gr. ij. ad gr. xij.

" ℞ Pulv. Cambogiæ, gr. v.
Hydrargyri Submuriatis, gr. iij.
Pulv. Cinnam. Comp. gr. vj. — M. Fiat pulv. horâ somni sumend.

" Off. præp. Pil. Cambog. Comp. gr. v. ad gr. xx.
Ext. Coloc. Comp. gr. v. ad. gr. xv.

" Jalapæ, *radix*, gr. v. ad gr. xx.

" Off. præp. Pulv. Rad. Jalapæ, gr. v. ad gr. xx.
Tinct. Jalapæ, f. ℥j. ad f. ℥ss.
Extractum Jalapæ, gr. x. ad ℈j.

" Colocynthidis, *pulpa*.

" Off. præp. Ext. Coloc. gr. v. ad gr. xv.
———— Comp. gr. v. ad gr. xv.

" Dolichos, *pruriens*, gr. v. ad gr. x.

" ℞ Dolichi, ℥j.
Mellis Anglic. ℥iij. — M. ut fiat electuarium, cujus capiat quantum nucis moschatæ ter die.

" Aloes *præparata*. — Vide Purgatives.

" Veratrum Album.

" Off. præp. Pulv. Veratri Albi, gr. ij. ad v.
Vin. Veratri, g^{tt} x. ad xxx.

" Hydrargyri *præparata*.

" Stanni *pulv.* ℥j. ad ℥ss.

" Spirit. Terebinth. ♏v. ad f. ℥ij.

" ℞ Sp. Terebinth. f. ℥iv.
Vitelli Ovi, q. s. tere simul et adjice Aquæ Hordei, Oj. Fiat enema.

" ℞ Sp. Terebinth.
Sp. Æther. Nit.
Ol. Ricini, āā f. ℥j. — Fiant guttæ, cujus capiat coch. ij. parv. ter die ex coch. j. mag. mellis vel theriacæ.

" Antacids and Antalkalines. — Magnes. Subcarbonatis, ℥ss. ad ℥ij.

" ℞ Liq. Ammoniæ Subcarb. f. ℥j.
Magnes. Subcarb. ℥j.
Spirit. Cinnamomi, f. ℥iij.
Aquæ Puræ, ℥vss. — M. Capiat cochlear. ij. majora sæpius, urgente cardialgiâ.

" ℞ Magnesiæ Carbonatis, ℥j.
Pulv. Rad. Zingiberis, ℈ij. — Misce et immitte in

phialam ore amplo. Sumat coch. j. parvum ex Aquæ vel infusi Zingiberis, f. ʒij. omni nocte dormiturus. Sequente mane, si alvus tarda sit, sumat aurorâ primo Magnesiæ Sulphatis, ʒij. cum Sodæ Carbonat. gr. x. e Cyatho aquæ, cui admista Succi Limonis unius fuerit.

" Off. præp. Magnesia, ʒss. ad ʒij.

" Carbonas Calcis, ℈j. ad ʒj.

" ℞ Carbonatis Calcis, ʒj.
Pulv. Cinnam. Comp. gr. x. — M. et divide in partes æquales vj. quarum sumat j. ter die, vel post omnes sedes liquidas si adsit diarrhœa.

" Off. præp. Mist. Cretæ, f. ʒss. ad f. ʒiss."—Pp. 70—74.

In the *second part* the author observes the nosology of Cullen, and gives a very concise outline of the symptoms, causes, diagnosis, prognosis, and plan of cure, of each of the diseases which that nosology embraces. The following is a specimen taken without selection: —

" Class I. Ord. III. Cap. IV. Scarlatina. — *Signa.* Synocha vel pyrexia typhodes; post dies quatuor facies tumescit; papulæ multæ et amplæ in maculis coalescentibus; post tres dies in squamulas furfuraceas finentes; anasarcâ sæpe sequente.

" *Species.* — { Scarlatina simplex. ——— cynanchica.

" *Diag.* — Ab morbillis, tussi; epiphorâ; sternutatione et coryzâ. Ab variola, dolore epigastrii regione pressu absente.

" *Prog. Fausta.* — Synocha.

" —— *Infausta.* — Synochus vel typhus.

" *Causa.* — Contagium specificum.

" *Meth. Med.* — Antiphlogistica; emetica; cathartica; affusio frigida; antisceptica; gargarismi acidi; epispastica si urget delirium; denique tonica."— P. 174.

In looking over this little volume, we observe numerous grammatical errors, more particularly in the Latin part of it, as our readers may perceive from the extracts we have made. These errors the author would do well to correct. This having been done, it will be found deserving a favourable reception, more particularly from the early student of medicine.

PART III.

ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND SURGICAL SCIENCE AND LITERATURE.

Tableaux des Maladies observées à l'Hôtel-Dieu, dans les Salles de Cliniques de M. le Professeur Récamier, pendant le Cours du Premier Trimestre, et pendant le Deuxième Trimestre, de 1824. Par L. MARTINET. Revue Médicale, &c. Avril et Juillet, 1824.

Reports of Diseases observed at the Hôtel-Dieu, in the Clinical Wards of Professor Recamier, during the First and Second Three Months of 1824. By L. MARTINET, &c.

WE place before our readers an abridged translation of the most interesting observations contained in these reports; and we shall pursue a similar plan with the reports of the Parisian hospitals, which we perceive are likely to be published regularly in the most respectable of the French journals. It would give us pleasure to see the example, which was set by the very able Physicians of the Canterbury Hospital,* followed by other Physicians holding appointments to institutions of this description. The example has been recently followed in the French metropolis; and a similar channel of bringing their reports before the Profession has been chosen by the authors, as that adopted by the Physicians from whom they evidently derived the example.

Amongst the cases which occurred, during January, 1824, in the female wards, the following is the only one possessed of much interest, and that is in a pathological point of view:—

"*Chronic Peritonitis.*—This occurred in a female, aged forty-two years. She had vomited during a month a viscid, greenish,

* We have much pleasure in an incidental opportunity having been furnished us, of stating, from our personal knowledge, that the arrangements, the order, and more especially the assiduous attention which the Medical Officers pay to the duties of this hospital, render it one of the best institutions of the kind in the country. It is a model, as regards the discharge of professional duties more particularly, truly deserving to be adopted.

and bitter fluid. Her digestions were bad, and she complained of pain at the epigastrium, for which twelve leeches were applied on this part. Neither the pains nor the vomitings were relieved; but from this period the abdomen increased gradually in size until the 13th January, when she entered the *Hôtel-Dieu.* The existence of ascites was then evident. The abdomen was indolent, and the size of that of a woman in her eighth month of pregnancy. A compressing bandage was applied, and tightened gradually as it became relaxed. The urine flowed abundantly. The ascites was greatly diminished, when the patient was seized with acute symptoms of pleurisy, which carried her off at the end of a month.

"*Dissection.* — The peritoneum was thickened and covered with granulations of the size of a large pin's head; a large quantity of serum mixed with albuminous flocculi filled its cavity. The stomach was almost semi-cartilaginous at its pyloric extremity. The left pleura was lined with thick false membranes, some of which adhered with those which were developed on the corresponding leaf of the pleura, forming sacs filled with flocculent serum."

Amongst the most interesting cases which occurred during the month of *January* in the male ward, is the following: —

"*Arachnitis of the Lateral Ventricle, &c.* — This man had been ill for twelve days. He was brought to the hospital the second day before his death, in a comatose state, with dilatation of the pupils and slowness of pulse. The very short time the patient was in the hospital could furnish no satisfactory history of his case. Besides inflammation of the membrane lining the ventricles of the brain, this membrane was completely destroyed along a considerable part of their surface; and their parietes, which contained a sero-purulent fluid, were a little softened at their surface. The cerebral pulp was of a greyish colour mixed with red. The arachnoid lining the decussation of the optic nerves, the tubercula quadrigemina, all the annular protuberance, and the inferior surface of the cerebellum, was covered with false albuminous membranes, which appeared to have been recently formed. The subjacent serous surface was opaque, and thicker than in its natural state."

In a case of pulmonary consumption which occurred in a patient twenty-six years of age, two abscesses formed at the margin of the anus during the course of the malady, but without arresting the progress of phthisis. Numerous miliary tubercles, of which several were already softened, were found in the lungs.

"*Melanosis of both Lungs.*—In another patient, who died of pulmonary consumption, the lungs were both found completely penetrated by a black liquid, which gave them the appearance of a general melanosis. Their summits were infiltrated with this matter, which was dense, opaque, and resistant under the bistouri: the

presence of pulmonary tissue could not be recognised in these places. Several points were softened, and cavities occupied their centre. Other portions of the lungs were in a state of hepatization, devoid of air, granulated, and friable. The remaining portions were infiltrated with a brownish serosity, as in œdema of the lungs: the natural tissue of the organ was recognised in these after the fluid was squeezed from them. A few points of the posterior parts, and of the base of the lungs, which were only engorged, owing to the position of the body, were, as all the other parts of the organ, penetrated by this colouring principle, which imparted a black stain to linen. A few white points were observed in some parts, which were found to be small miliary tubercles."

During the month of *February*, the following cases were met with in the female wards of Professor Recamier: —

" *Softening of the Brain on the Right Side.* — This female, aged forty-four, was subject, for the last nine years of her life, to epileptic attacks. They supervened at first from a fright, and became less frequent and less severe, so that she had intervals of three, four, or even eleven months between each. The menses having ceased at the end of February, she was seized with a paroxysm of epilepsy, which left after it violent cephalalgia and a constant, but peculiar kind of stupor. On the third day after the paroxysm the *left* side was paralyzed both in the faculty of motion and of feeling. Convulsive motions, attended with loss of recollection, came on during the fifth day. They scarcely presented any interval, and were much more marked in the limbs of the *left* side. She died on the eleventh day.

" *Dissection.* — Softening of the substance of the convolutions of the brain was remarked in the superior and anterior parts of the right hemisphere, to the extent of three inches in each direction. The grey substance was softened to a nearly diffluent state, and presented a grey gelatinous appearance. The medullary part of the brain was equally softened, was of a dull white colour, friable, and granulated. The pia mater penetrating the anfractuosities of this portion of the brain was considerably thickened, as well as that part of it connected with the arachnoid. This latter presented a milky appearance.

" Professor Recamier regarded the semi-gelatinous softening of the grey substance of the brain as the result of a chronic inflammation intimately connected with the state of the pia mater and arachnoid, which had given rise to the previous attacks of epilepsy, whilst the dull-white softening of the medullary part had occasioned the paralysis that supervened shortly before the patient's death.

" *Disease of the Kidney.*—A female of an advanced age, who, with the exception of the existence of a large tumour within the abdomen, suffered but slight ailment, died in the month of March. On dissection, a tumour much larger than the patient's head was found developed in the substance of the left kidney. The structure of this organ was completely degenerated into fibrous tissue, with large

collections of blood, some of which were in the form of black clots, while others were fibrinous, more or less dense, and nearly approaching the appearance of the tissue of the heart. This tumour was tuberculated (mamelonnée) at its exterior, and completely covered by the intestines which it had pushed before it. The right kidney was increased in size. The lungs contained some tubercles."

(*To be continued.*)

PART IV.

MONTHLY COLLECTION

OF

MEDICAL FACTS AND OBSERVATIONS.

Pathology.

Memoir on the Pathological Anatomy of the Peritoneum. By M. Scoutetten,* M.D., attached to the Military Hospital of Toulouse, &c.

If it be already demonstrated that inflammations of the mucous membranes are the most frequent, it is equally proved that inflammation of serous surfaces are the next so. Amongst these latter membranes a marked gradation is observed in the relative frequency of their inflammation: the serous membrane of the cranium is that which most frequently presents traces of inflammatory irritation — a fact, which, although known nearly to all Practitioners, has received an additional demonstration in the researches which I have recently published on this subject.† The pleura ought to be placed next after the meninges of the encephalon; and in the last place should be arranged the serous membrane of the abdomen. I may remark, in passing, that inflammations of these membranes have a decreasing progression from the superior to the inferior cavities. The pathological anatomy of the two first serous membranes has been undertaken by several men of merit, and their researches leave little to be desired on the subject. This is not, however, the case with respect to the peritoneum: during a long time the observations on record respecting the alterations of this part of the serous system have been very incomplete, and I may say, very incorrect: it is only in very recent times that it has been agreed, without any doubt, that inflammation of the serous surface may be altogether isolated and independent of disease of the other membranes of the intestines. This fact was not known to the ancient pathological Anatomists: Schenck, Bonet, and Morgagni, always believed that alterations of the peritoneum were consecutive to inflammation of the adjoining parts. Lieutaud did nothing more than report that which had been adduced by his predecessors; and M. Portal continued to partake of the same opinion, adding that he regarded as but insufficiently founded what has been advanced by certain modern writers respecting

* M. Scoutetten having concluded this excellent Memoir in the last Number of the *Archives Générales de Médecine*, which has reached us, we proceed to place a translation of it before our readers. The Memoir of Mons. S. forms an excellent companion to that by M. Andral on the Mucous Surface of the Digestive Canal, which was translated in some former Numbers of the Repository.

† Journal Universel des Sciences Médicales, Tome XXVIII. p. 257, and London Medical Repository for July, 1823, p. 31.

peritonitis.* However, Drs. Johnston † and Walther ‡ had already caused it to be understood that this membrane may be inflamed in an isolated manner, and produce the series of symptoms attributed to reputed puerperal fever; but their works, but little known in France, were insufficient to remove the error which existed. Bichat appeared, and, by a suite of numerous experiments, shewed the isolated condition of the tissues, and demonstrated that parts the most nearly connected with regard to proximity of situation might have not the least connexion with each other in their derangements. The works of Bichat pointed out the route to M. Gasc,|| who, in his Dissertation on Puerperal Fever, has satisfactorily demonstrated that the peritoneum may be inflamed independently of the subjacent tissue, and that even, in a very great number of cases, inflammation existing in the mucous membrane disappears when that of the serous membrane is developed. Since the work of M. Gasc, numerous dissertations on peritonitis have been published; and, amongst the most recent, that of M. Jeunesse§ deserves to be mentioned with commendation. The observations, also, of M. Broussais, contained in his "Treatise on the Chronic Phlegmasiæ," the cases of inflammation of the peritoneum published by Laennec,¶ and the numerous detached cases and observations on the subject which have appeared in all the Journals of Medicine, ought not to be overlooked. This combination of the results furnished by former works, with my own recent researches, will render more complete, I dare believe, the history of alterations of the peritoneum, which I now proceed to give. I shall successively study — 1st, the lesions of the peritoneum depending on inflammation; 2d, the alterations of the peritoneal membrane *not* depending upon inflammation; 3d, foreign bodies lodged in the peritoneal cavity: —

§ I. Lesions of the Peritoneum proceeding from Inflammation.

Inflammation of the peritoneum has received different names, according as it was supposed that one or other part of it was affected, and has been designated by the terms *omentitis*, *epiploitis*, *mesenteritis*, &c., when it was supposed that the disease was seated in the duplicatures of this membrane: we think that these latter terms may be dispensed with, as they are useless, and they may be even hurtful — useless, because before death it can never be affirmed with certainty that the inflammation shall be found limited to the duplicatures of the peritoneum, or even that it can be so limited, and because it is a distinction incapable of serving any purpose, in our therapeutical indications: hurtful, because in multiplying names we thereby tend to form diseases which may soon have both a set of symptoms, and a particular course and plan of treatment assigned them, without any other grounds for the distinction. The chief circumstance which it is important to ascertain in peritonitis is the region in which the inflammation is seated, in order that we may apply our therapeutical agents as near as possible to the diseased part. In almost all the cases of acute irritation the thing will be easy, owing to the appearance of certain specific phenomena which, when viewed in connexion with those which are general, renders it manifest whether the principal derangement is in the superior or inferior regions of the abdominal cavity.

1. *Alterations of Tissue observed after Acute Inflammation of the Peritoneum.*

When an irritating cause has produced inflammation of the peritoneum, in its slightest shade of intensity, small red spots are observed, of the size of a line or even less in diameter. They are usually tolerably distant from each other; and on close inspection they appear formed of a number of *puncta* crowded together: viewed through a magnifying glass, very small spaces, where the peri-

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* Anatomie Médicale, Tome V. p. 124.
† De Febri Puerperali. Edinburgh, 1779.
‡ De Morbis Peritonei, &c. Berlin, 1785.
|| Dissertation sur la Maladie des Femmes à la Suite des Couches, &c.
§ Dissertation sur la Péritonite en Général. Paris, 1821.
¶ Journal de Médecine, Chirurgie, &c. Par MM. Corvisart, Leroux, et Boyer. An. 10 et 11.

toneum has preserved its natural colour, are observed between these red points. This slight shade of alteration is, owing to obvious reasons, seldom observed in the human subject; but it may be readily produced on the lower animals by injecting an irritating fluid into the peritoneal cavity. I have performed the experiment with bile, and each time succeeded in producing this appearance about twenty-four hours after the injection.* These small red spots may occupy only a single part of the peritoneum, or they may invade the whole of it. In this stage of the inflammation, the membrane appears dry and glossy; but if the inflamed part be touched with the fingers, it will be found covered by an unctuous and slightly viscid exudation. Sometimes, instead of the red spots above described, this first shade of inflammation is characterized by the development of blood-vessels, forming more or less numerous red striæ. The symptoms indicating this slight shade of inflammation are generally not violent. I do not think that death can ever result from it, the individuals presenting it having always died from another more violent disease having accompanied it.

If the inflammatory action proceed, the small spots become more extended and approach each other; they ultimately are blended, and form red patches of variable dimensions. The blood-vessels may yet be perceived, especially when they slightly distend the peritoneal texture; but the peritoneum itself is not yet sensibly thickened. It has, however, lost its transparency. When the phlogosis is still farther advanced, the redness is also more intense and extended, sometimes occupying a great part or the whole of the peritoneum; at other times bounded to the formation of red bands, or stripes, traversing, in a longitudinal direction, parts of the intestines, or very frequently limited to the adhesions which the

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* It doubtless will be remarked that I make no mention of cases of peritonitis in which the symptoms, after having been very evident, have nevertheless left no traces to be found after death. I, however, believe that such cases are not to be relied on. No doubt, numerous proofs brought forward by respectable authorities may be objected to this assertion: but whatever may be the authority, I will not retract, being persuaded that this point of doctrine is an error which has been too generally adopted in pathology. Being desirous of satisfying myself on this point, I performed this experiment: I injected into the peritoneum of a dog two ounces of bile taken from a human subject. I opened the abdomen twenty-four hours after the operation, and found evident inflammation of the serous membrane. I soon afterwards killed the animal by pushing the scalpel between the occiput and the first vertebra, and I certainly observed a sensible diminution of the coloration of the membrane. I several times repeated this experiment, and always obtained the same result. But immediately reflecting that in these experiments I placed internal parts in the situation of external organs, and subjected the vessels to the pressure and other effects of the atmosphere, I was desirous of pursuing a different route, and therefore performed the following: I took two dogs nearly of the same size, and injected into the peritoneum of each two ounces of bile. I immediately closed the small aperture through which the injection was made, by applying an agglutinative plaster on the skin, which had been previously shaved. I killed both, in the manner just now mentioned, eighteen hours afterwards, and immediately opened the body of one of them. I observed traces of peritonitis, and saw the inflammatory appearance of the membrane fading away under the impression of the atmosphere as the animal heat was dissipated. I did not open the other dog until it was quite cold. I here also found peritonitis, of which the traces were a little less evident than those observed in the body opened immediately after death, but incomparably more marked than those that had remained after the peritoneum had cooled in contact with the air.

[The author proceeds to adduce other experiments, and to argue that the dissipation of the inflammatory appearances in some of these experiments was owing to the pressure of the atmosphere, and its drying and astringing effects on the capillaries; and that when inflammation has seized the peritoneum, and when this membrane is preserved from the atmosphere, it will always shew the extent of disease which had been existing in it during the life of the patient. We confess that we are not convinced by the experiments and arguments of this able and well-informed pathologist. — Edit.]

intestines form with each other. The red colour of this stage of the inflammation is not altogether owing to the distention of the capillaries, but to a sanguineous exudation, which forms on the peritoneal surface, and adheres closely to it: the peritoneum is here uniformly red, and presents a villous appearance. Even in this stage the peritoneum is sometimes quite dry and shining, as in the preceding stage; but more commonly a whitish fluid is found effused in the abdominal cavity. These alterations depend upon an acute inflammation which can exist for three or four days only. The symptoms which accompany them are very marked: the abdominal pain especially is generally very acute. The patient bends forward the trunk, or draws up the thighs, so as to relax the abdominal muscles. Sometimes the pain is confined to a single point of the abdomen; then we generally find the inflammation also limited to the pained part: in every case the inflammation is more intense in the pained situation than any where else. On the 3d of September, 1822, I opened the body of a man who had felt a severe but circumscribed pain in the right iliac region for two days prior to his death. I found, on dissection, a violent inflammation of the peritoneum, limited to the appendix cœci and to the fold which connects it to the intestine. At other times the phlegmasia is confined to the portion of peritoneum covering the bladder, and then the evacuation of urine is almost always suspended, and the pain is felt in the pelvis.

The part of the peritoneum which covers the inferior surface of the diaphragm, may also be inflamed in an isolated manner. In this case the characteristic symptoms are an almost continual hiccup, and difficulty of moving the base of the chest, and the superior part of the abdominal muscles. A soldier in the *Val-de-Grace* Hospital was affected, during some days, with gastro-enteritis, which had begun to yield to the means which were put in practice, when suddenly violent pain, increased on pressure, manifested itself in the whole extent of the base of the chest: constant hiccup tormented the patient; the features became contracted; and the abdominal limbs were drawn up. The disease could not be controlled, and the patient died in two days. The symptoms led M. Broussais to prognosticate inflammation of the diaphragmatic portion of the peritoneum. Dissection proved the correctness of the diagnostic.

Inflammation of the peritoneum may take place in the several folds of this membrane that serve the purpose of fixing the intestines in their situations, as I have frequently found very strongly marked in the meso-rectum, meso-colon, and in several portions of the mesentery. The inflammation, in these cases, is arrested almost abruptly at the point where the peritoneum proceeds to surround the intestine. In this form of peritonitis, which appears to me not to have been noticed by authors, the pains are profound, obtuse, and but little increased on pressure. The abdomen preserves its softness, and the patient experiences only a degree of uneasiness. This variety of the disease is most commonly observed in persons affected with a very chronic inflammation of the intestinal mucous membrane; at least such are the circumstances under which I have observed it.

From what I have said it may be seen, that all parts of the peritoneum may be inflamed, but several portions are more frequently affected than others: thus, the transverse meso-colon, and the whole mesentery, are less frequently inflamed than the omentum; and this latter is more rarely affected than the portion of the tunic covering the loose margin of the intestines. The portion of peritoneum which covers the urinary bladder is more frequently affected than that which lines the inferior surface of the diaphragm.

Partial Peritonitis is generally produced by a sudden excitement acting energetically on a very limited portion of peritoneum: thus, a perforation formed suddenly in a portion of the intestines, sudden rupture of the stomach, or of the gall-bladder, frequently cause its appearance. Sometimes, it is true, there is no rupture of the intestinal tunics, but a transmission only of inflammation from the mucous to the serous membrane. The cause of these different kinds of partial peritonitis may, in the greater number of cases, be presumed from the nature of the symptoms only: thus, when we see a patient, after having suffered gastro-enteritis of considerable severity, of which he is almost convalescent, presenting suddenly, and without any evident cause, an explosion of the most violent symptoms of peritonitis; when we observe that the abdomen, from being soft and not very painful, becomes hard, tumid, and painful on the slightest pressure;

that the features are altered; that the pulse becomes very small, contracted, and frequently irregular, — then we may be assured that partial peritonitis is developed, and that it most probably is owing to a perforation of an intestine, and the passage of foreign matters into the peritoneal cavity. I have seen many cases of this nature, and the prognostic was always confirmed by the *post mortem* inspection.

Acute inflammations of the peritoneum produce, moreover, other disorders of structure besides those already noted. Portions of peritoneum of very considerable extent, are sometimes observed inflamed to such a degree, that they are of a purplish-red or violet colour, or they are even almost entirely black. In such cases the intestines frequently adhere to each other without an intermediate false membrane; when this latter exists, a whitish concretion, composed of albumen, and proceeding to a more or less considerable extent, may be seen.

Inflammation of the peritoneum may advance still farther, and gangrene be the consequence: black escars are then met with, generally of a small size, but occasionally consisting of one or more inches in extent. These facts have been observed by several authors: they are, however, very rare, for the constitutional disorder produced by the violence of the inflammation, generally destroys life before gangrene has sufficient time to take place.

A singular phenomenon, and one which I believe has not before been pointed out, came under my observation in the course of the year 1822. I found, in a man who died of acute peritonitis, a sub-peritoneal *Emphysema*, without any very considerable inflammatory disorder: all the peritoneum was unequally elevated by the gas, which could be made to pass by pressure into the adjoining cellules, and to accumulate in, and augment the distention of, the part towards which it was pressed. All the duplicatures of the peritoneum were in part separated by this gas. In a second case, I found sub-peritoneal emphysema to a less extent: it was limited to the sub-diaphragmatic and sub-hepatic portion of the peritoneum. I satisfied myself that putrefaction did not contribute, in either case, to the production of this phenomenon.

The mesentery sometimes contains *Purulent Collections*, somewhat abundant and limited to a circumscribed space. These collections are of two kinds: the first has for its cause inflammation of the inter-peritoneal cellular tissue, developed primarily in this tissue, or communicated to it by previous irritation of the internal surface of the peritoneum; the second species is formed by the solution or breaking down of enlarged mesenteric glands, which, in consequence of chronic inflammation, are reduced into a sort of puriform putrilage. This latter species is the most commonly observed. The former is much more rare; it, however, exists; and an abscess of this kind is occasionally observed of such a size, as that the two laminæ of the mesentery are separated so far that the whole abdomen appears filled by the tumour.*

When the inflammation of the peritoneum has continued twenty, twenty-five, or thirty days, the disorder is generally very extensive: false albuminous membranes, of a pure white, at other times of a greyish, or even of a reddish colour, establish adhesions between all parts of the intestines, and between them and the abdominal parietes. These false membranes generally cover parts which are very much inflamed, and when they are detached, a remarkable redness of their adhering surface may be very frequently observed. The false membranes vary in thickness; they are usually not more than a quarter or a half line, but sometimes they are much thicker. I have seen them, in this form of the disease, thickened to two or even to three lines. They do not require twenty or thirty days to form; they are sometimes very evident after thirty-six or forty-eight hours of inflammation, but their thickness is in some degree proportionate to the duration of the disease.

The false membranes are not friable: they become allongated when pulled, and return to their former state when the force is withdrawn; they are consequently very elastic.

I have already said that in one form of acute peritonitis the inflamed membrane is dry, and contracts adhesions with the adjoining parts: I have nothing more to add respecting it. But it now remains for me to speak of the *Fluids*

* De Abscessu Mesenterii; Halleri Dissertatio.

which are found in the peritoneal cavity after acute inflammation. During the first hours of inflammation, the *fluid* secreted from the peritoneum offers scarcely any difference from the natural condition, excepting that it is in a somewhat more abundant quantity. After thirty-six or forty-eight hours of disease, fluid is accumulated in some quantity. It generally collects in the most depending situation, unless adhesions retain it in other parts. The colour of the fluid varies in a singular manner: it is sometimes rather limpid than otherwise; and this chiefly occurs when the inflammation is partial. When peritonitis continues for several days, the fluid is generally whitish, greyish, or like milk: this colour has been a source of error to many physicians who have been but little in the habit of cultivating pathological anatomy, and who, from the analogy of colour only, have ascribed the appearances to the effusion of milk into the abdominal cavity. This error does not now require a serious refutation. Collections of pure blood may be met with in the abdominal cavity, as a consequence of acute peritonitis. The occurrence is, however, rare: more frequently bloody striæ are observed situated on different parts of the intestines.—The quantity of the fluids effused varies from several ounces to some pounds, but is seldom more in acute peritonitis.

The consistence of the fluid is very various: sometimes it is as limpid as water, and contains no albuminous flocculi; in other cases it is unctuous, thick, like thin cream, or the pus of cellular membrane. It frequently contains whitish masses formed of concrete albumen. In many cases of partial peritonitis, I have found an abundant yellowish serosity, in which swam yellowish flocculi, having a great resemblance to the albumen of an egg. These flocculi formed masses, the size of which varied from that of a nut to the size of the hand.

(*To be continued.*)

Observations on Perforation of the Substance of the Lungs, owing to the Bursting of a Tubercle into the Cavity of the Pleura. By M. Louis.

Within the last few years, Professor Laennec has drawn the attention of practitioners to a very serious accident, which is sometimes witnessed in the course of phthisis pulmonalis, and considerably accelerates its fatal termination. This accident consists in the perforation of the parenchyma of the lungs, owing to the breaking down of a tubercle, and the discharge of its contents into the cavity of the pleura. There are two varieties of this occurrence: sometimes the tubercular excavation communicates with the bronchi, at others not; but in both cases the period of perforation is frequently indicated by very severe symptoms, which are sufficient, when well marked, to establish its diagnosis, or at least to render it very probable. These symptoms have not hitherto been published, and it is for the purpose of filling up the hiatus, that M. Louis has published the following reflections on some cases under treatment in *La Charité*, the particulars of which are detailed by him in the Journal before us.

At a more or less advanced period of the chief disease, says the author, the patient *suddenly* feels on one side of the chest a violent pain, generally accompanied with extreme dyspnœa and inexpressible anxiety. These symptoms persist to the same degree, or with some remissions, until death, which has usually occurred from twenty-four to thirty-eight days after their first appearance; and, on dissection, a greater or less effusion of air, pus, or bloody serum, has been found in the side of the chest where the pain appeared, with a perforation of the corresponding lung, owing to the breaking down of a tubercle which had discharged itself into the cavity of the pleura, and, in the majority of cases, established a communication between it and the bronchi.

The connexion which exists between the symptoms and state of the lungs after death is so striking, that it is only necessary to give an exposition of facts to shew their mutual dependance. The pain answers to the discharge of the broken down tubercle into the pleura, and is caused by it; whilst the sense of suffocation and anxiety are the effect of the not less rapid effusion of a certain quantity of air, and subsequently, sooner or later, of a fluid of a varied nature: hence it follows, that whenever, in a patient affected with phthisis pulmonalis, a violent pain manifests itself in one side of the chest, and this pain is joined with much sense of suffocation and anxiety, with every symptom of active pleurisy,

it may be devined that there is a perforation of the parenchyma of one of the lungs; at least, by these symptoms M. Chomel and myself recognized the disease in several cases.

These symptoms are indeed so rational, that they might be determined *à priori;* there is so much similarity between the circumstances which accompany perforation of the small intestine, and that of the lungs, that we might arrive at the same result by way of analogy. In fact, in both cases, there is, at the moment of perforation, a more or less considerable effusion of an irritating fluid into the cavity of a serous membrane; and as a sudden pain, with every symptom of an intensely acute phlegmasia, manifests itself in the one case, it ought necessarily to do so in the other. Therefore, if this pain, suddenly felt in some part of the abdomen, and accompanied with symptoms of intense peritonitis, be sufficient to indicate perforation of the intestine, we should be induced to believe that a pain equally sudden and intense in one side of the chest, joined with an extreme sense of suffocation and symptoms of pleurisy, would also be sufficient to indicate perforation of the lungs, especially in those labouring under phthisis pulmonalis.

The diagnosis, however, acquires a higher degree of certainty from the comparative results of percussion and auscultation; for if, at the moment when the pain and other symptoms which accompany it manifest themselves, the pained side be struck, a very clear sound is obtained, clearer than that of the opposite side; whilst the ear applied over the parts where the percussion is so sonorous, does not hear the sound of respiration. Now, this double phenomenon indicates, as Mr. Laennec has shewn, the presence of a certain quantity of air between the pleura costalis and the lungs; and as pneumo-thorax is one of the immediate effects of perforation of the parenchyma of the lungs, we ought necessarily to think that it is the result of it here. But, considered separately and independently of the symptoms we have mentioned, pneumo-thorax would be of no avail in the search after the cause to which it ought to be referred, as it may present itself under various circumstances. A little sooner or later, a certain quantity of pus or serum is added to the aëriform fluid; and if the ear be then again applied to the chest, in some cases the *tintement métallique** is heard. This circumstance occurs, as is well known, when, along with the double effusion of air and liquid into the pleura, the tubercular cavity communicates with the bronchi. In this case, and in this case only, auscultation, by detecting the *tintement métallique*, and percussion, by confirming the presence of a certain quantity of air in the cavity of the chest, indicate in a positive manner the perforation of which we are treating. But, as has been already remarked, this re-union of circumstances is not always met with: it may happen, that the tubercle which has opened into the pleura, does not communicate with the bronchi, and then the *tintement métallique* is not heard. The same thing happens where, although the communication exists, the effusion of air is not yet accompanied with that of a liquid, or when the latter is in a very small quantity; so that in a number of cases, perforation of the parenchyma of the lung exists, without auscultation or percussion announcing it, and when it can only be detected by means of the symptoms above described.

With respect to the *tintement métallique*, it may be observed, that the quantity of liquid necessary for its production in the circumstances indicated, is not required to be very considerable, as I have heard it very frequently without being able to obtain a dull sound in any point whatever of the side of the chest where it occurred. Neither has a very large quantity of liquid prevented me from detecting its presence.

The four facts which I have related, are the only ones in which I have had an

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* The *tintement métallique* is a particular sound heard through the stethoscope when applied to the chest, and which, according to Laennec, distinctly resembles that rendered when metal, glass, or porcelain, is gently struck with a pin, or when a grain of sand is suffered to fall upon them. The *tintement métallique* is heard on causing the patient to speak or breathe; but it is only when he coughs that it becomes perfectly distinct. It is considered to be the pathognomonic sign of a communication between the bronchi and pleura.—Edit.

opportunity of observing perforation of the parenchyma of the lung in phthisis pulmonalis, and, in all the symptoms which appertain to this accident have been well marked. But it is not always so, and in the cases of the same lesion related by M. Laennec in his important work on auscultation, the symptoms in question do not appear to have existed. In cases of this nature, there is nothing to render us certain of the existence of an accident which does not manifest itself by any particular symptom; and if we detect it, it is in some measure by chance, by aid of auscultation and percussion, and only when there is a communication with the bronchi, as there is then the *tintement métallique.*

Percussion and auscultation would also be the only means of assuring ourselves of the existence of perforation, if the symptoms which depend upon it were but little marked, as they would indicate the existence of pneumo-thorax, which, as we have seen, is the necessary consequence of perforation of the parenchyma of the lung, and as this species of pneumo-thorax seems by much the most frequent.

The pain was various in the different patients: acute in the three first; much less so in the fourth, without, however, losing its relative importance in the diagnosis, either as regarded its sudden appearance, the sense of suffocation with which it was accompanied and followed, or still more the particular sensation joined with it. At the moment, and even a little before the manifestation of the pain, the patient had experienced a sensation which he compared to wind circulating in the left cavity of the chest—a sensation which continued for a certain time, and was probably really occasioned by the passage of the air from the lungs into the corresponding cavity of the thorax. Something analogous is observed in certain cases of perforation of the intestine, viz. in those in which the patients experience at the moment when the effusion occurs, a species of crepitation in the pained part. Besides, instead of being astonished at the slight variation in the pain in the different patients, we ought to be much rather surprised that it was not more considerable. Thus it was quite as great in a female, the subject of one case, as in the others, although the material cause in the first was only a very small tubercular abscess, which had discharged itself into the pleura, without communicating with the bronchi; whilst in the other the abscess, or broken-down tubercle, was considerable, and communicated with the bronchi.

The sense of suffocation and anxiety appeared to be proportioned to the pain: they were extreme in three cases where the pain was very great, and much less in a fourth where it was much more inconsiderable; and yet the subject of the last case could not undergo the least movement, without being threatened with fainting. She also was an object of interest with regard to her paleness, which was extreme, notwithstanding the sudden obstruction which had occurred in the circulation through the lungs, and also with respect to her position in bed, which was always on the right side, with the head low, whilst the other patients remained in the sitting posture.

The interval which elapsed between the period of the perforation and that of death, is also worthy of some attention. The fatal termination occurred 24, 72 hours, 20 and 36 days, in different cases, after the first symptoms of perforation; and yet it was by no means easy to account for these great differences. The greater or less strength of the patients at the time when the perforation happened, will not account for it; for one woman who died in 72 hours, was, according to every appearance, as strong as the subject of another who did not die until the 36th day. Neither will the difference of treatment account for it, as the last-mentioned patient remained the three first days following the perforation at home, suffering under the most acute pain, and without assistance. The only thing which could remain for the explanation of the fact in question, would be the difference observed in the size of the broken-down tubercle, and consequently in the greater or less quantity of the fluid which had been discharged into the pleura; but this difference only increases the difficulty, as in one case, where death occurred 72 hours after the perforation, the tubercular cavity was very small, without communicating with the bronchi, and had only poured into the pleura a very small quantity of fluid. I have dwelt on these details, because they are useful in the prognosis; and it is important for the physician to know that such an accident, mortal in its nature, may be so in a few hours, or not until the expiration of some weeks, without our being either able to foresee, or to account for the difference.

The situation of the perforation was to us the same in the four cases; viz. towards the angle of the third or fourth rib: and this fact is deserving of notice, both as regards the pain which was felt in the same point, and because it is in harmony with another fact, viz., that in phthisis pulmonalis the lesion proceeds from the summit to the base of the lung, and is always more advanced in the first than in the second situation. Moreover, if we only found on the same lung a single aperture establishing a communication with the cavity of the pleura, we ought not to forget, that in several cases there was at the external surface of the same organ a considerable number of yellow and white spots, corresponding with so many broken-down tubercles, and which were only separated from the pleura by the distance of the 300th part of an inch, and were on the point of breaking into its cavity. Now, if we reflect that this disposition is very frequently met with, we may be surprised that the accident of which we are speaking is not much more common. In a considerable number of cases we are inclined to believe this is prevented by the adhesions of the pleura between each other. It is not, in fact, very uncommon to see the tubercular matter of the lungs applied immediately upon the ribs, or appear through the intercostal muscles as far as the sub-cutaneous cellular tissue; and in such case it is very clear, that without the adhesions of the pleuræ between each other, the tubercles, in place of slowly proceeding externally, would have broken into the pleura, and considerably accelerated the death of the patient.

There is another fact in pathological anatomy which deserves to be recollected, viz., the promptitude with which the effusion of a serous fluid more or less turbid or bloody occurred in certain cases: thus in one female who died 24 hours after the perforation; it was considerable, and, nevertheless, twelve hours before death percussion rendered a very clear sound over all the affected side, so that the effusion must have occurred in less than twelve hours. The same thing was observable in another case where the exhalation of fluid was not less rapid. These facts, however, comprise nothing very extraordinary: on the contrary, they confirm what is already known regarding the promptitude with which effusion takes place in many cases of pleurisy and other affections. I may remark, that in one case where death occurred in 24 hours after the time of the perforation, the lung and cavity of the chest, in their whole extent, were covered with a false membrane, probably already organized.

I shall purposely abstain from every reflection foreign to the subject; observing, however, that in every case the stomach presented lesions more or less extensive, which were indicated by particular symptoms: and I may remark, in conclusion, that the four cases of perforation on which the above reflections have been founded, were observed out of 82 subjects of phthisis pulmonalis, whose dissection was performed with the greatest care; whilst of the same number of individuals, I have not once observed pneumo-thorax without perforation.—*Archives Générales de Médecine, Juillet*, 1824.

Case in which Asphyxia was produced by the development of a Tumour in the Larynx. By G. Ferrus, Physician to Salpêtrière.

A female, aged forty, was admitted into the *Salpêtrière*, in June 1820, after an attempt to commit suicide: but during her stay in the hospital, she evinced no sign of mental alienation. She had been greatly addicted to venereal excesses, and to the abuse of spirituous liquors. Her constitution was robust. Upon her entrance into the hospital, it was remarked that the tone of her voice was feeble and indistinct. This symptom continued to increase for eighteen months, until respiration became extremely difficult, her face injected, and the eyes prominent. About seventeen months from the period of her admission, she began to complain of pain towards the superior opening of the larynx. Respiration had then become very painful and difficult, and cerebral congestion was eminent. General and local blood-letting were employed, but without benefit. Her symptoms, about this time, presented accessions of severity, and assumed the character of the most violent paroxysms of asthma. The pain and difficulty of respiration felt at the larynx, and an obstacle felt there to the entrance of air into the lungs, pointed it out as the seat of the disease; yet no mechanical obstruction from the pressure of tumours, or from other causes, could be detected; whilst an abundant mucous expectoration caused an affection of the bronchiæ, and even of the lungs,

to be suspected to form a part, if not the whole of the ailment. It was, however, decided, from the symptoms referrible to the larynx, that the disease most nearly resembled œdema of the glottis. The intensity of the symptoms increased until asphyxia took place. In this state tracheotomy was performed; but the attempts made to resuscitate the patient did not succeed.

Dissection twenty-four hours after death.—The cavity of the cranium presented nothing remarkable beyond a sanguineous injection of the brain, and the cerebellum of an unusually large size. The vessels of this organ were also considerably injected.

The abdominal viscera were sound. The lungs were healthy, excepting a slight adhesion on the right side, at a part where a small mass of tubercles was developed. The trachea and larynx were removed in order to be examined with accuracy. Having opened the posterior parietes of the trachea along its whole extent, the first object which attracted attention was the occlusion of the glottis by a tumour the size of a large almond. This tumour adhered by a somewhat large base to two fibro-membranous folds, which form the left laryngeal ventricle, and at the angle formed by the thyroid cartilage. Its surface was irregular, tuberculated, and possessing the same consistence as fungous tumours. Its colour was similar to the mucous membrane covering the rest of the larynx. Another tumour of the same nature, but of a very small size, was situated on the opposite side of the larynx: it was inserted a little higher up than the large tumour.

The appearance of these tumours led to the suspicion that a syphilitic affection existed in this individual, an opinion which was strengthened by her character, and which an examination of the genital organs confirmed.

In this case, had tracheotomy been earlier performed, the existence of this tumour might have been ascertained, and its extirpation might have been even accomplished.—*Archives Générales, Août*, 1824.

Tuberculous Affection of the Brain. By Dr. Ozanam, Physician to the Hôtel-Dieu, Lyon.

A. Geoffroi, aged twenty-seven, complained ever since December, 1821, of a continual pain in the left side of his head. In the month of January following he was seized with a violent attack of epilepsy. From that period to the 13th of the month of November following, he had six similar attacks: at this period he was admitted into the Hôtel-Dieu. He remained there during sixteen days without having another attack, and went out of the hospital in tolerable health. In the month of December the pain of his head was increased, and continued so during the following year. But about the month of October, 1823, he perceived a considerable tumour in the left temple: from this period he became fearful and sluggish, and experienced occasional mental alienation. Although a moderate pressure of the tumour did not produce much pain, yet he dreaded it to be touched. On the 11th of December he was seized with a violent fit of epilepsy, at the end of which he was carried to the Hôtel-Dieu.

On his admission the tumour on his temple was slightly prominent, and two inches in circumference, with œdema of the surrounding parts and of the eyelids; and it was found to pulsate synchronously with the pulse. The pulsations ceased on compression of the common carotid, but continued when pressure was made on the facial and temporal branches. The tumour itself was soft, fluctuating, without change of the colour of the skin which covered it, and circumscribed by a hard and bony margin. It elevated the thin and aponeurotic portion of the temporal muscle. A state of continual spasmodic constriction of the muscles of the neck and of the pharynx prevented deglutition. His face was Hippocratic, and his skin hot and dry. He died fifteen days after his admission into the hospital. The treatment was antiphlogistic.

Dissection.—The cranium, removed with precaution, presented the membranes in a state of inflammation, and the arachnoid injected. The left parietal bone was completely eroded, the resulting perforation being ten lines in diameter. The cerebral substance allowed numerous drops of blood to escape, when the longitudinal and transverse sections of it were made. A non-suppurated tubercle

adhered to the cerebral pulp, and elevated the dura mater; it had pushed before it the portion of this membrane where it was lodged, forming a hernia with the dura mater and the external periosteum. The whole of that part of the brain corresponding to the temporal fossa was softened and disorganized; it inclosed six tubercles, of the size of a small nut, hard, schirrous, and having at their centres a yellowish gravelly concretion. All the other viscera were sound.

This singular tumour presented many of the characters of an aneurism of the temporal artery.

Practice of Medicine.

Of the Efficacy of the Root of the Artemisia Vulgaris (Mug-wort) in Epilepsy.

By Professor C. G. Hufeland.

Dr. Burdach, of Wiebal, near Sorau, having been in the habit of employing the root of this plant in epilepsy, Professor Hufeland was induced to try its effects.

Dr. Burdach recommends the root to be gathered about the middle of October, to be dried in the shade without washing, and not to be powdered until shortly before its exhibition. It should be taken in powder, within half an hour of the expected accession of the paroxysm, when the paroxysm can be foreseen, in the dose of a coffee-spoonful (from 50 to 70 grains) in a little warm beer: the patient ought to be placed in bed, well covered, and to drink warm beer. Copious perspiration is the result, which having subsided, the patient may leave his bed.

Dr. Burdach asserts that the first dose generally procures some relief, and sometimes performs a complete cure. He advises the dose of this medicine to be repeated on alternate days.

Professor Hufeland prescribed this remedy in ten cases of epilepsy in the "Polyclinical Institution of Berlin." Of these, three were perfectly cured, three obtained relief, the paroxysms becoming less frequent, and much less severe; and four derived no advantage from its use. These experiments deserve to be repeated in this country; for, according to the observations of Hufeland and Burdach, this substance seems to possess more efficacy in the disease than *à priori* reasoning would lead us to expect from any single remedy, especially when we connect the pathology of the disorder with the means of remedying it.

We subjoin an abstract of some of the cases published by Professor Hufeland and Dr. Burdach, as we conceive that the result entitles this substance to the favourable notice of Practitioners. The experience of Hufeland being in its favour, is no small recommendation:—

Case 1st.—A female, aged forty-one, who had been hysterical, became subject to attacks of epilepsy. These attacks seem to have been consequent on chagrin, irregular menstruation, and a sedentary life. She was received into the hospital under the care of Hufeland, and during a month's residence in the institution, she experienced six epileptic fits. As each of the paroxysms was ushered in with general uneasiness and agitation, the powdered root of the Artemisia was exhibited on the appearance of these symptoms. The first dose was taken at 11 o'clock at night, at the moment when the usual forerunners of the fit declared its accession. A very abundant perspiration supervened, which continued till morning. The patient had no sleep; she changed her linen and felt much relieved. On the following day, however, at two of the afternoon, she was suddenly seized with a paroxysm, which an hour afterwards was succeeded by a second equally violent as the former; she then fell into a profound sleep, which continued until the morning following. Seventy-two hours after the exhibition of the first dose, a second was given in warm beer. A general, a very abundant, and fœtid perspiration speedily supervened; and in the morning she had a copious discharge of yellowish urine, which did not deposit any sediment. She felt greatly relieved. She left the hospital in the following month; and at the end of two years M. Hufeland ascertained that she had since enjoyed perfect health, and had not had any attack of epilepsy.

Case 2d.—A girl, seventeen years of age, an epileptic from her fifth year, in consequence of a blow on the head, had a paroxysm daily at the same hour.

One dose of the Artemisia vulgaris, which was followed by perspiration, cured the disease.

Case 3d.—A girl, eighteen years of age, epileptic from the age of two years, in whom the paroxysms had been increasing in frequency and severity since their first appearance, until she had as many as twelve attacks in the day, took the Artemisia in the manner described above. After the third dose, the paroxysms were reduced to two in the day, and these were of short duration. No farther report was given of this case.

Case 4th.—A man twenty-nine years of age, was subject to a periodical epilepsy during four years. The disease appeared after a fall into the water when he was drunk. Two doses of the Artemisia completely removed the disorder.

Case 5th.—A man, thirty-six years of age, and rather imbecile in his intellects, was weekly subject to two or three paroxysms of epilepsy, since his infancy. Three doses of the Artemisia proved sufficient to diminish the number of paroxysms to one in a month. A large dose of this substance taken by the patient himself each month, entirely prevented the return of the paroxysms.

Case 6th.—A girl, sixteen years of age, was seized with epilepsy at the age of puberty, without any evident cause. She generally had two paroxysms in the forty-eight hours. One dose only of the Artemisia entirely removed the disease. —*Journal der Practischen Heilkunde*, 1824.

Cases of Chronic Cephalalgia. By Louis Frank, M.D., &c.

A number of physical and moral causes, says Dr. Frank, may produce chronic cephalalgia. Although many of these are readily apparent, yet cases occur in which they are by no means manifest, or are of such a nature as not readily to suggest themselves to the mind of the Practitioner. In many of such cases, therefore, the treatment cannot proceed upon pathological principles,—the physician must then have recourse to a rational empiricism. Without being new, the following cases may be recollected with advantage:—

Case 1st.—When at Newstadt, near Vienna, in 1815, I was informed that a woman who had been distressed with severe cephalalgia, and obliged to keep her bed during seven years, in consequence of the violence of the pain, was cured, as if by enchantment, after the expulsion from the nose of about fifty worms, accompanied with mucus. Wishing to ascertain the truth of this statement, I visited the woman, when she confirmed the fact, and added, that she had consulted, previous to this occurrence, several physicians, and employed without benefit a great variety of remedies. Despairing of relief, anxious to hazard every means, and observing that her mother was in the habit of giving her brothers and sisters a powder consisting of the semen-contra, (*Artemisia santonica*, worm seed), valerian, and assafœtida, as a vermifuge, she formed the resolution of taking it in the form of snuff. This powder occasioned much sneezing, and the evacuation of much mucus, followed by several living worms. She continued her remedy, and in the space of about a month she discharged from the nose the number of worms already mentioned. She was completely cured of her complaints, returned to her occupations, and now, four years after the occurrence, remains well. The noise which this circumstance occasioned in the village, induced all who have since been affected with head-ache, to resort to this powder for relief, and many have actually derived advantage from the use of it.*

Case 2d.—In 1818, when visiting the Hospital of Incurables, of Yps, in Upper Austria, the Physician of that Institution shewed me a female who had been

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* A case of frontal cephalalgia, depending upon the presence of a worm in the frontal sinus, came under our observation a few years since. The patient was a young female much infested with worms. The pain disappeared immediately after the worm, which seemed to us to be the *Oxyuris vermicularis*, came away. Its discharge was attended, both before and a short time afterwards, with a flow of mucus. The presence of the *larvæ* of insects in this situation, is by no means an uncommon occurrence, and generally arises from their ova being inhaled whilst smelling too nearly to flowers. This case, however, was evidently not one of that description.—Editor.

tormented for several years by violent headach, occupying chiefly the forehead and vertex. She had discharged a number of worms from the nose, having the form of small lumbrici, or larvæ of considerable size. Several of these worms were preserved in spirits, and sent to Bremser, at Vienna; but this celebrated helminthologist could not be precise respecting the species, as the too-concentrated spirit which had been employed for the purpose of preserving them had altered their structure. The patient had been treated by a solution of the oxymuriate of mercury and valerian. She assured me that each time she discharged these worms, her headach was relieved for a time.

Case 3d.—A female, forty-six years of age, came to consult me at Parma, for severe cephalalgia, which had continued four years. The pain occupied the whole head, and seemed to be seated in the pericranium, (rheumatic cephalalgia). She had been treated by several physicians, without having derived benefit. This patient had the appearance of health, and the natural functions presented no disturbance. I was embarrassed as to what treatment I should adopt: believing the disorder, however, to be of a rheumatic nature, I prescribed a powder consisting of two grains of the submuriate of mercury, and a grain of the yellow hydro-sulphate of antimony, (sulphuretted hydro-sulphate of antimony), with a little sugar, to be taken twice daily. A year afterwards I saw this patient, who informed me that she had been completely cured of her headach after having used this powder for a month.

Case 4th.—A goldsmith, at Verona, in 1822, of a good constitution, aged forty-four, consulted me on account of violent cephalalgia, obliging him sometimes to keep his bed, and producing vomiting. I supposed that the disease was owing to the mercurial and arsenical vapours, and therefore decided on prescribing the same powder that I had administered to the subject of the third case, with the addition of the infusion of the *Artemisia virescens* every morning. Passing through Verona in 1823, this goldsmith called on me, and informed me that he had experienced no cephalalgia during the eight preceding months. He stated that a few days after he had commenced the use of his medicines, he had passed by stool a great number of large lumbrici. It may be remarked, that the *Artemisia virescens* possesses greater anthelmintic virtues than any other bitter substance.

Case 5th.—A lady, aged forty-five, of a delicate habit and pale, complained of violent cephalalgia, in paroxysms of three or four hours' duration. Conceiving that it might originate from the state of the abdominal viscera, I administered an emetic and gentle purgatives, but without advantage having been derived from them. Valerian, cinchona, &c., were also prescribed, with the same result. The patient having remarked, that the presence of cold water in her mouth gave relief, I was induced to examine her teeth: the molares were affected with caries. The affected teeth were removed, and the cephalalgia disappeared without farther treatment.—*Annali Universali di Medicina, June*, 1824.

Affection of the Chest, with Hæmoptysis, appearing in an Intermittent Form, cured by the Sulphate of Quinine. By M. Goupil, M.D., Paris.

M. Th——, twenty-eight years of age, of a thin and delicate habit, had on several occasions, and chiefly in the spring, been affected with disorder of the chest. He had recently been exposed to cold, after having undergone fatiguing exercise, and during a state of perspiration. After several days of general uneasiness, he was affected, on the morning of the 28th of May, 1824, with slight cough, dyspnœa, and considerable pain behind the sternum. To this immediately succeeded a fœtid perspiration, which continued seven hours, and during which he was obliged frequently to change his linen. The chest and all the upper parts of his body were more particularly bathed in perspiration; his lower limbs were nearly dry. After this attack the patient left his bed without experiencing more than a slight degree of debility. About seven in the evening, general uneasiness and rigors, followed by a burning heat of the surface, marked a second accession of the disorder, which continued till eleven, and during which the cough and other affections of the chest were less intense. The following day the patient was considerably better, and he felicitated himself that the abundant perspiration had rid him of his complaints.

On the 31st of May and 2d of June, paroxysms of disease similar to those of the 29th supervened, with increase of pain in the chest, of dyspnœa, and of cough, which continued for some time after the paroxyms. *Mucilaginous drinks; a pectoral linctus; fifteen leeches to the anus.*

June 4th.—The morning paroxysm was attended with very considerable hæmoptoe, as also was that of the 6th. Both these paroxysms were followed by general uneasiness, considerable debility, and lowness of spirits: the cough now became almost constant. The evening paroxysm of the 6th was marked by frequent yawning, by sadness, and by increased uneasiness. *Sulphate of Quinine, eighteen grains, in three doses, in the twenty-four hours.*

The paroxysms of the 8th did not appear, to the surprise of the patient, who had kept his bed, waiting their accession. From this period all his ailments disappeared, excepting the cough, which entirely ceased on the 15th. The patient continued to enjoy perfect health up to the date of the case.

PART V.

POLITICAL MEDICINE.

Infanticide.

In our last Number we mentioned a case that had been tried at the Dorchester assizes, where the judge interfered with the physiological doctrines of the subject in a very odd sort of way. We have been favoured with the following account by the principal medical witness, Dr. Robinson, of Bridport: —

"On the 26th May I was sent for to see Mary Baker, who complained of toothach, and exhibited two decayed teeth. She stated also having had a pain in her back, and bleeding at the nose. On examining the blood, I concluded that it had not come from her nose, from the appearance of that sebaceous matter on its surface which is the usual concomitant of labour. I went again to the chamber, and examined her breasts. The areola was exceedingly dark. I said, 'You are pregnant,' which she denied; and on putting my hand on her abdomen, I felt a hard tumour as if she were five months gone, or as if there were a full-grown placenta. On my accusing her of pregnancy again, she said she was no more with child than I was. I replied, 'So much the worse for you; I'll swear you were with child last night, and you have done something with it,' and demanded to search her box. She refused to give me up the key; but, on breaking it open, I found a cloak, and under it a flannel petticoat. Beneath this, wrapped in a bloody apron, was the child.

"On laying it carefully on the table, I observed three wounds on the neck and chest. Imagining there might be serious mischief, I called in another Practitioner. None of the wounds (which appeared, however, to have been inflicted with a sharp instrument,) was of any consequence. On opening the thorax, the pericardium was nearly covered by the lungs, which were so inflated as to occupy their full portion of the cavity, as if in consequence of repeated inspirations. The usual crepitus was perceived, on cutting off a portion of the edge of the left lung, from which air was pressed in minute bubbles: it floated in water—as did the whole lungs afterwards, with the heart attached.

'The appearance of the abdominal viscera was healthy—the transparent cornea was brilliant, and the membrana pupillaris completely absorbed. The child was a mature female, full-sized, and what would be called fine. The umbilicus had been torn asunder, about six inches from the body, and had not been secured by any ligature. From all the appearances, I inferred that it had been born alive.

"On separating the scalp from the cranium, I observed, in the substance of the former, a portion of coagulated blood, about the size of half-a-crown; a quantity of bloody serum under it; and an infiltration of blood in the pericranium, nearly covering the right parietal bone—from which I inferred that the child had been

killed by a blow on that part. The substance of the brain was firm; its vessels were turgid, and its general appearance gave signs of concussion. There was no blood in either ventricle; but a bloody serum was found in the base of the cranium.

" I delivered the woman of the placenta, immediately after discovering the child. She had cut off the umbilical cord close to her person, so that its length was not more than fourteen inches, and there was no adaptation of the extremities.

" At the trial the judge did not allow me to go into detail; for, in his charge to the grand jury on the preceding day, he stated to them that the floating of the lungs in water was now completely exploded by every respectable Practitioner, and almost directed them in the case of Baker to find no bill. I thought myself among the list of respectable Practitioners, having been engaged in practice twenty-five years with success, and yet I felt conscious of the importance of the hydrostatic test as a powerful auxiliary in these cases. The verdict of ' not guilty' was returned, in consequence of the following question put to me by the learned judge: — ' Is it not possible for a woman, in her first labour, who goes to the night-stool, in the great agony felt on the child's coming into the world, to strike the head of the child against some part of that night-stool?' To which I replied in the affirmative."

In addition to the foregoing statement, we shall remark, that in the newspaper report of this trial, when the counsel for the prosecution arrived at that part of his opening speech which related to the pulmonary test, Mr. Baron Garrow, the judge, is represented as having interfered in the following manner: — " *Mr. Bellamy*, I am extremely unwilling to interrupt you, but I feel it necessary to remind you that the experiment which you describe as a test has been long exploded. It has been demonstrated to be a vulgar error by one of the greatest ornaments of science, and one who ranked the very highest in his profession. I speak with some confidence of the opinions of this great authority, as I have myself had the honour of living amongst his pupils in the early part of my life." *Mr. Bellamy* then said, that after the observation of his lordship, he should not place any reliance upon the argument which he was about to deduce from the fact he had mentioned. *Mr. B. G.*—" Do not on that account refrain from making any observation you please. There may be a good deal of remark opened by the circumstance you have just alluded to. I suppose that some such experiment has been actually made; and I am at a loss to know how any medical man, thoroughly skilled in his profession, should have had recourse to such a process as a test to the extent you mention."

We have a great respect for Mr. Baron Garrow; and, as we said before, particularly admire the view he took of the morality of these cases in general; which are by no means of that hideous and universally criminal nature that a coarse and unfeeling mind would represent them. At the same time, we cannot concede to his lordship any acquiescence in the opinions he has chosen repeatedly to express upon this nice point of physiology. We owe something to Dr. W. Hunter certainly on this very score; but his doctrines on the *docimasia pulmonaris* are utterly unworthy of his great name, and his real friends would avoid as much as possible their promulgation. It is *since his time* that the merits of the question have been investigated and appreciated. The test is indispensable, and of the greatest importance; no Practitioner at all acquainted with his duty dare omit it, in seeking for proofs as to the vitality of new-born infants: but there is a wide difference between not unduly appreciating a fact, and denying its existence altogether. If his lordship were at all conversant with the later and better authorities on this point, we think he would not produce Dr W. Hunter's paper on the bench for the purpose under notice. We admire Dr. Hunter's moral view of the case — we admire that of his lordship — they are the same, and they are our own. But we protest against public imputations upon a Practitioner's character, in a matter in which he acts according to the general opinion of all the authorities of his Profession. On the *docimasia pulmonaris*, we repeat that Dr. W. Hunter is *not* an authority.

MISCELLANEOUS INTELLIGENCE.

On the Preservation of Subjects for the purpose of Dissection. By J. AMESBURY, Esq., Member of the Royal College of Surgeons, &c.

MR. AMESBURY has informed us, in a letter which we have lately received from him, that he has derived great advantage, in his attempts to preserve subjects for the purpose of dissection, by using a mixture of the nitrate of potass and muriate of soda, in the proportion of about one-fourth of the nitrate to three-fourths of the muriate. In the winter season he has preserved subjects so well by the use of these salts, that at the expiration of six months he has found them in nearly as good a state for dissection as when they first came into his possession.

He uses one pound of the mixed salts in preserving about fifteen pounds of the subject.* His method is to rub the salts upon the integuments at three or four times, at intervals of two days; and to throw a handful into the chest and abdomen, if he wishes to preserve the viscera more effectually than can be done by rubbing the salts upon the surface of the body. He has found, that if the fingers and toes are left exposed to the action of the air, they get too dry for dissection after a few weeks; this is also the case, sometimes, in other parts where the cuticle is abraded. This evil he obviates by wrapping the parts in a cloth kept wet with a solution of the salts in water.

He recommends those who may desire to try this plan to employ the antiseptic as early as possible after they are in possession of the subject, which they may wish to preserve; for the salts will not stop the putrefactive process when it has once begun, though they will check it in a very material degree.

In the summer it is better (according to Mr. A.) to throw the parts into a strong solution of the salts, after they are well impregnated with them, by rubbing; for at this time evaporation goes on so rapidly, that the whole soon becomes dry and unfit for dissection; and this cannot easily be prevented, unless the wet cloths are very frequently renewed.

The integuments dissected back should be preserved, and laid over the imperfectly dissected parts, when the subject is left for several hours; and, if the pupil wishes to preserve moist the parts which he has dissected for some time, in order to refresh his memory, he cannot do better than wrap them in their natural covering. The bones of subjects which have been impregnated with the salts, macerate quite as well as if the salts had not been employed, provided that the water be changed two or three times at an early period of the macerating process.

Mr. A. states that he has found this mode of preserving subjects *far* preferable to any other with which he is acquainted; and that he has strong reason to believe that the action of the salts prevents the generation or destroys the activity of that principle in them, which is so frequently found to be productive of troublesome sores in those who happen to prick or cut their fingers with a hook or knife, covered with the fluids of the body, while they are dissecting. The effects of these apparently slight injuries are often alarming, and sometimes even fatal.

We flatter ourselves that, at this season of the year, the above observations will not be uninteresting, at least to the junior part of our readers; and we should be glad to find, at our next visit to the public dissecting-rooms, a decided improvement in the appearance of the subjects, as we have usually seen them; and hope to breathe a less deleterious air than that which is strongly impregnated with the effluvia which emanate from putrifying animal matter.

SOCIETY OF PHYSICIANS OF THE UNITED KINGDOM.

TO THE EDITOR OF THE MEDICO-CHIRURGICAL REVIEW.

SIR, — In perusing the remarks you have made (see No. II. p. 523) on the laws of the "Society of Physicians of the United Kingdom," I was forcibly impressed with the notion that they were uttered under a complete misapprehension of the nature and objects of that society; and I have little doubt, from the well-known liberality of your conduct, that you will allow me to endeavour to set you right on those points.

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* From this the quantity necessary to preserve a whole subject may be easily calculated with a sufficient degree of precision.

It cannot be unknown to you that every other branch of the Profession has its distinct bond of connexion, to which every individual member of such branch may attach himself, and so avail himself of all the privileges and immunities possessed by the united body. The Surgeons have their College, the Apothecaries their Association, to which respectively *every* Surgeon and *every* Apothecary, regularly educated for these branches of the Profession, may be admitted. The majority of Physicians in this kingdom are alone in an isolated state, having no common centre of communication or of action; is it wonderful, therefore, that those residing in the very *seat* of medical education should unite themselves and form a *body*, with which every regularly educated Physician throughout the united kingdom may become identified, instead of being, as at present, unconnected with his fellows by any common tie of liberal and scientific association?

Although the Medical Profession, as a whole, consists of various departments, having each a common object—the advancement of medical science,—yet may this object be prosecuted by distinct and limited associations, each of which may contribute the united talents of its members, in the way most suitable to those departments of science and of medical practice in which they are actively engaged; and a society formed by persons possessing some one common link of union implies no illiberality to other persons of the same profession, to whom they are united by other and different links. A society was formed some time ago (I know not if it now exists), the *sine qua non* of admission to which was the having been professionally educated, at least in part, at Edinburgh. Another society was formed for the promotion of medical science, the requisite qualification for admission to which was the holding an appointment as Physician or Surgeon to some *dispensary*. Do you think these Physicians and Surgeons were vain enough to think "the extensive and most difficult of all branches of human knowledge" could "be cultivated and improved *only* by men who" were Physicians and Surgeons to dispensaries? or thought that "pharmacy or midwifery formed no parts of medical science?" No; whilst connected with the Profession at large by various and extensive ties, they chose to form a smaller and subordinate society, connected by one single link only; and did they deserve the charge of illiberality on this account? Do you suppose they considered all the hospital Physicians and Surgeons, as well as the Profession at large, "necessarily incapable of promoting medical science?"

Surely individuals may unite themselves into societies on what terms and with what qualifications they choose, without giving cause of offence to other individuals, who may, if they please, also unite themselves by some one link not possessed by the former. It may appear ludicrous—but suppose all the Physicians in London whose first name is William agreed to meet once a week, and read a paper on some medical subject, you might laugh at their eccentricity, but you would not charge them with illiberality, because you, being named James, could not be admitted a member. An association of army Practitioners, or of navy Practitioners, whose system of exclusion must, of course, be broad enough, would, it is probable, scarcely excite your spleen, even should they occasionally publish their transactions. How, then, does the present society deserve such severe censure as you have bestowed upon it?

Some of your remarks are shaped as if you thought the society actually excluded the Surgeons and the Apothecaries from the pale of the Profession: this is not the case; the great majority of them are acknowledged to be men of talent and of extensive medical acquirements; but they are not *Physicians*. Where, then, is the illiberality of excluding them from a society professedly of Physicians?

With respect to the law requiring residence at an university, and actual examinations and regular degrees, what is there extraordinary in this? Do not the Surgeons on their part require a certain number of seasons to be spent at an hospital before they will even permit a candidate to approach them? and do not the Apothecaries require *five years'* initiation in their art and mystery? Members of these bodies *must*, therefore, henceforth be *primâ facie* respectable; but it is well known that any illiterate and ignorant blockhead may obtain a diploma from some universities; and shall not the society have the power to stop, *in limine*, the intrusion of such characters?

A more serious objection has been thought to exist to the law which excludes those Physicians who practise midwifery, those at least who are regular graduates, as well as are the founders of the society; but this objection will vanish on due in-

vestigation of the spirit of the law. The very intention of the society is to associate those Physicians who practise physic *only*, whose peculiar and distinct province it is to advise and prescribe; and one of their objects appears to be not to interfere with any other branch which embraces actual manual assistance. Midwifery is more properly a branch of surgery; and although many of its practitioners may be equally respectable, and as regularly educated Physicians as any one of the society, yet, by uniting to their own distinct branch of practice another branch which is common to both Surgeons and Apothecaries, they thereby in some measure withdraw themselves from the pale of their fellows. If being a regular graduate of an university was alone sufficient without restriction for eligibility, then those graduates who practise pharmacy (and there are several such in this and other towns) would be eligible; but this would be entirely contrary to the manifest intention of the society, viz. to form a body of Physicians practising physic *only*, without combining the slightest admixture of any other department of the Profession whatever; not because the latter are unworthy or unfit to associate with its members, but because they have already points of union with other departments which the former do not possess.

You say, "*if the objects of the society were what they seem to be* — the improvement of medical science, the MEANS would not be restricted to such narrow channels as in the above code." A sufficient reply to this is the third object stated— "the publication of papers furnished by members of the society, or of those which may be transmitted to them by the Profession at large."

It would appear, from the whole tenour of your remarks, as if you thought the society had actually infringed upon, or had denied to all other Practitioners, some of the rights and privileges to which they are legally entitled. But they have not done so — they do not wish to do so — and they can never have the power to do so. The society is a self-constituted body, possessing no corporate rights, and no distinct privileges, nor has it the power to confer any on other individuals, beyond the *credit* of belonging to it. No one can therefore justly complain if he is not admitted, since no one possesses any legal or vested right to admission, or suffers any legal wrong by exclusion.

A cool or dispassionate reconsideration of the plan and objects of this society, and of the intentions and conduct of its members, will, I trust, convince you of the injustice of your hasty remarks. At all events, I am certain you can have no objection to unite with me in saying of this society, *valeat quantum valere debet.*

Sept. 13, 1824. I am, &c. UNUS.

*** It was our intention to have offered some farther observations, in answer to the remarks which have been made on this society by our respectable contemporaries. We find, however, that our limits are exceeded, and we must, therefore, reserve much of what we wished to say until another Number. In the mean while, we may state that the above are the sentiments of an individual only, to which the society is in no way pledged. What we now add is on our own responsibility.

The intemperate and unjust remarks of the Editor of the Medico-Chirurgical Review, oblige us to consider that he has been seduced from his usual temperance in censure, by the circumstance of his being debarred from admission into the society by its third law. The originators of the society, we doubt not, are sorry that a Physician so truly worthy, as the Editor of the Medico-Chirurgical Review undoubtedly is, should have been excluded from amongst them; but they had to recollect, that laws made so lax in their nature as to admit the unworthy for the purpose of embracing one or two who are truly deserving, would be subversive of the respectability of the society, and ultimately of its existence. The allegation which he has adduced in his remarks, that "the private and well-known object of the society is to oppose similar but far more liberal restrictions enjoined by the Royal College of Physicians," is uncandid. The inference is unjust. He has no right publicly to infer any thing but what the society has expressed in its prospectus. We can state, in opposition to his surmises—surmises uttered with an intention to injure the society and its originators—that the society is most anxious not to offend the College. It has endeavoured to avoid every semblance of offence. It has even studiously abstained, at its commencement, from seeking association with those individuals who were suspected of being, or who were likely to become, hostile to the College.

The other objections offered against the society shall be answered in our next. We cannot, however, omit briefly to state some of the objects which it has in

view: we shall then leave it to the PHYSICIANS of the UNITED KINGDOM, who are anxious to see the highest walk in the Profession respected, and uncontaminated by ignorant pretenders, and who are actively engaged in the advancement of their science, to judge candidly of us; and not to be misled by those who, like the fox with the grapes in the fable, are disposed to depreciate and absolutely rail against what they cannot reach.

The society expects to be enabled, by its transactions, to furnish demonstrative proofs, that regularly educated Physicians are pre-eminently entitled to the confidence of the Profession and of the community.

It hopes to be the means of founding a Clinical Hospital and School of Medicine in the metropolis, for the purpose of investigating disease, and advancing the science of medicine.

It intends to investigate, by means of scientific committees, chosen from its members, the more difficult and obscure points of pathology and practice: in these investigations it expects the co-operation of Physicians throughout the country.

It wishes to promote harmony and friendly feelings amongst the Profcssors of the highest department of the science of Medicine; and it will not entertain any hostile disposition against any one branch of the Profession. The rights and interests of the general Practitioner will not be invaded by it, and its members will not commit acts that trench upon the practice of this respectable and very meritorious class. J. C.

*** It is impossible for us to announce the departure of our Colleague, DR. DUNGLISON, to occupy a highly honourable professional appointment in a foreign country, without expressing great regret at the loss we shall experience in the privation of that assistance we have been accustomed to receive in our Editorial labours. At the same time we gratify ourselves in stating our confidence, that his industry and talents will be more advantageously and beneficially exercised for the promotion of Medical Science, and that we shall have, from time to time, opportunities of seeing the result. We part with him, on every account, reluctantly; and it would be a common-place, unworthy of the occasion, did we confine our public adieu to a mere expression of regret, or a simple record of good wishes. He is now Professor of the Institutes and Practice of Medicine, in the University of Virginia—an University recently endowed by the American Congress, through the influence of Mr. Jefferson, the Ex-President of the United States;—and we are quite sure he will be well received among our Transatlantic Brethren.

MONTHLY MEDICAL BIBLIOGRAPHY.

BRITISH.

Observations on the History, Use, and Construction of Obturateurs, or what has been called in this Country, Artificial Palates; with Cases, illustrative of recent Improvements. By James Snell, Surgeon-Dentist, Member of the Royal College of Surgeons, London. 8vo. Pp. 52. London, 1824.

Our readers are already aware, from the cases published by Mr. Snell, how very much he has improved the means of remedying those distressing defects of the palate which are frequently met with in a congenital form, and as a consequence of disease. His Treatise on this subject, as well as the various adaptations which it recommends, are deserving the patronage of every Member of the Profession.

FOREIGN.

Notice Historique sur le Docteur Edward Jenner, Inventeur de la Vaccine. Par Amedée Dupau, D.M. &c. 8vo. Pp. 16. Paris, 1824.

This is an interesting memoir of a very excellent and eminent individual, by one of the most promising and amiable Physicians in Paris.

MONTHLY LIST OF BOOKS RECEIVED FOR REVIEW.

Commentaries on Diseases of the Stomach and Bowels of Children. By Robley Dunglison, M.D., Member of the Royal Academy of Marseilles; of the Royal Society of Sciences, Arts, Belles-Lettres, and Agriculture, of Nancy; of the Society of the Faculty of Physicians of Paris, &c. &c. 8vo. Pp. xvi. 202. Whittaker. London, 1824.

Practical Remarks. Part I. On Acute and Chronic Ophthalmia, Ulcers of the Eye, &c. &c. Part II. On Remittent Fever, viz. Simple and Complicated. By Thomas O'Halloran, M.D., Author of Treatises on the Barcelona and Andalusian Yellow Fever Epidemics. 8vo. Pp. viii. 148. Burgess and Hill. 1824.

THE METEOROLOGICAL JOURNAL,

From the 19th of AUGUST, to the 20th of SEPTEMBER, 1824.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

August.	Moon.	Rain Gauge.	Therm. 9 A. M.	Therm. Max.	Therm. Min.	Barom. 9 A. M.	Barom. 10 P. M.	De Luc's Hygrom. 9 A. M.	De Luc's Hygrom. 10 P. M.	Winds. 9 A. M.	Winds. 10 P. M.	Atmo. Variation. 9 A. M.	Atmo. Variation. 2 P. M.	Atmo. Variation. 10 P. M.
20		,226	60	65	56	29 78	29 80	77	78	W	W	Ovc.	Clo.	Clo.
21			60	65	52	29 74	29 80	80	78	W	NW	Rain	Rain	Clo.
22		,56	55	65	50	30 00	30 07	78	80	NE	N	——	——	Fine
23			55	68	51	30 07	30 10	80	78	N	NE	Fine	Fine	——
24	☾		51	65	50	30 15	30 15	79	82	NE	N	Ovc.	——	——
25			57	70	58	30 26	30 25	80	78	E	ESE	Fine	——	——
26			63	67	52	30 30	30 27	75	78	NE	E	Fair	——	——
27			65	67	56	30 25	30 12	75	75	ENE	NE	Fine	——	——
28			64	79	56	30 00	29 90	75	80	ENE	E	——	——	——
29			54	78	55	29 87	29 87	80	76	E	SW	——	——	——
30			60	76	58	29 87	29 83	84	80	SW	NNE	Fog.	——	——
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2			69	83	66	30 00	29 99	79	78	ESE	NE	——	——	——
3			70	78	65	29 98	29 86	70	76	ESE	WSW	Fog.	Ovc.	Clo.
4			67	74	59	29 82	29 80	76	78	W	WSW	Clo.	——	——
5			65	73	57	29 74	29 67	75	70	WSW	SW	Fine	Fine	Fine
6			62	70	57	29 50	29 45	77	77	S	WSW	Clo.	Sho.	Clo.
7			63	65	55	29 50	29 44	75	87	SW	WSW	——	——	Fine
8	☉	,145	53	62	50	29 40	29 41	85	82	SW	W	Rain	Fine	Rain
9			55	62	52	29 60	29 70	80	80	W	NNE	Fine	Rain	——
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11			60	65	55	29 60	29 73	90	90	SSW	SW	Fine	Sho.	Rain
12		,70	57	65	52	29 57	29 80	88	83	SW	SW	Rain	——	Fine
13			59	67	57	30 00	30 05	80	77	WSW	SW	Fine	Fine	——
14			62	67	62	30 00	29 97	71	78	S	SSW	Clo.	——	——
15			65	69	64	30 01	30 10	80	79	SSW	W	Fine	——	——
16	☾		65	72	59	30 20	30 15	75	80	W	SE	——	——	——
17			67	71	60	30 12	30 00	90	95	E	SE	Fog.	——	Mist.
18			65	72	58	30 03	29 95	95	90	E	ESE	Mist	——	Fine
19			60	65	55	29 90	29 80	90	93	W	W	Ovc.	Fine	Ovc.

The quantity of rain fallen in the month of August was 2 inches and 82-100ths.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. Chisholm and Mr. Dendy.

Several Communications, which have been unavoidably kept back, will appear in our next.

ERRATA.—In our last Number, the following errata crept into Dr. O'Halloran's paper:—Page 205, line 25, for "pus," read "fæces;" and line 31, for "purulent," read "feculent."

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††† Communications, and Works for Review, are requested to be addressed (post-paid) to the EDITORS, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

THE

LONDON MEDICAL

REPOSITORY.

No. 131. NOVEMBER 1, 1824. Vol. XXII.

BEING

No. XI. of a NEW SERIES.—Vol. II.

PART I.

ORIGINAL COMMUNICATIONS.

I.

Remarks respecting Congenital Lymphatic Tumours on the Cranium, with a Case successfully treated by Ligature. By Edward Thompson, Esq., Whitehaven, Member of the Royal College of Surgeons, London.

Infants are occasionally born with tumours attached to the head and spinal column; they have been found variously placed, on the fore and back part of the head, on the upper and lower parts of the spine; and have for their contents a watery fluid. There is much reason to believe that these enlargements constituted, in most instances, the external hydrocephalus of the ancients — a disease that has been much doubted by Petit and some others, but which there is strong proof did exist. Certain it is that there is a strong analogy between the swellings above alluded to, as they sometimes appear on the head, and those mentioned, and looked upon as hydrocephalus, by Celsus, Paulus, Albucasis, and Placentinus. I allude to that species of hydrocephalus said to exist external to the bone, and which was thought to have no communication with the brain or its

membranes. This is the kind of collection which some writers have imagined to arise from anasarcous deposition, rather than a distinct affection of the head, and which has caused them to treat the old notion as a phantom, upon which we can rest no faith. To this opinion we might be disposed to subscribe, could it be proved that, in the cases where enlargements were present on the cranium, an anasarcous state of the body at the same time existed. No proof of the kind, as far as I know, can be given; for no allusion to such a state of the body is made by those who have described this species of hydrocephalus. If, too, such swellings had been of an anasarcous nature, we should have an universal enlargement of the scalp described, not a tumour of a particular part. I grant that the confusion displayed by those authors who have spoken of this disease, and the means to be pursued, ought to be received with some caution: yet we have no right to disbelieve what has been left us relative to this affection, as they were never successful in the cure of it; and they were only in the habit of exaggerating, where success crowned their efforts.

It would seem that, daring as the Arabian Surgeons were, a caution was practised, which they were rarely in the habit of assuming in the treatment of diseases generally, when the one above spoken of came under their care. They recommended an operation with apparent dread, seemingly conscious of the little likelihood of success following the attempt; and from the records left us, their fear appears to have had its foundation in the almost constant failures to which they were exposed in the treatment of these affections. Here again an analogy obtains between this disease, considered by them hydrocephalus externus, and the one under consideration, which has by Dr. Underwood been called lymphatic tumour. The danger of removing the latter has been held forth in terms calculated to startle and alarm the most undaunted; and the prospect of success is stated as so distant, that no one ought, under any circumstances, to undertake it. Van Swieten tells us, it is impossible for a child born with a tumour on the back of the head to live; and the author above named, Dr. Underwood, informs us, that "the issue, having a morbid source, will be kept up after the tumours are opened, or even totally extirpated; and preventing the sore from healing, the infant sinks under the discharge, or dies in convulsions." The analogies existing, both as to the frequent site of the latter, their characteristic resemblance, and the fatal symptoms elicited by their removal, when compared with the former kind of swelling, establish some degree of identity, and prove, as

plausibly as has been disproved, the existence of the watery swelling of the ancients, viewed by them as a species of hydrocephalus.

The nature of these tumours, particularly as regards their formation, is even now but imperfectly understood. The symptoms produced on opening them would seem to say that their origin has a deeper seat than the membrane of the bone, or the bone itself. There is no accounting for the fatal consequences said to arise from the removal of them, unless it be allowed that some aperture leading to the brain, &c., commonly exists. These apertures might escape observation, if small, and probably did so formerly, particularly when it was presumed none were present. I do not know that this is invariably the case, but should be inclined to think, when the tumours are situated on the head, such connexion generally prevails. This notion, in a curative view, is of consequence. It has been long known that the medullary organs bear the abstraction of pressure as ill as they do absolute pressure. In this way we can account for the failures, when it was thought advisable to operate, more satisfactorily, than if we sought for the causes of defeat in the morbid state of the attachment. A thin discharge is said to be kept up, preventing the part from healing. Whence this fluid is secreted we are not told; but there is great probability in supposing that the vessels within the cranium supply it; that it is thus thrown out to make up for the loss of pressure sustained by the hasty abstraction of water, either from the tumour being thoughtlessly cut off, or quickly severed by a ligature; and that it is an attempt of Nature to prevent death. Dr. Carson has ingeniously shewn, in a late paper, the probable use of watery secretion in the head; where there is a want, it is thrown out to supply it, still keeping up the pressure, which is so necessary to life. So with respect to these tumours, if the parietes be removed, without some other barrier be substituted (a natural one is the best), death must certainly ensue, as the vessels will continue to secrete till life is exhausted. This we see, in spina bifida, an affection which I believe to have connexion, in most cases, with the brain; death following the bursting of the swelling, more or less quickly, according as the opening is large or small. The old idea, that the bursting of the tumour was the remote, and the admission of air the proximate, cause of death in these cases, is a lame way of getting quit of a difficulty. The one above proposed, whatever imperfections it may have, gives, at least, a more feasible explanation of the phenomena exhibited on opening enlargements of this kind.

These tumours differ from spina bifida, I should suppose, in being unattended by extensive disorganization: they have channels leading to the medulla or its membranes, but these are probably small in most instances. In their external appearances, they are totally distinct, having healthy integument covering them, and being attached by a narrow neck commonly to the parts beneath. The fluid contained in them cannot be pressed, as in spina bifida, within the bone. They have, however, been mistaken for the latter affection occasionally. Mayo describes one which has many of the characters of the disorder under consideration; and Richter's case I believe to be a variety of the same disease. Wiseman has a well-marked case, which some would call spina bifida. He has one above, also, which he calls external hydrocephalus, but which I strongly suspect to have been only one of those fluid collections we sometimes find in young infants, the margins of which give the feel as if there was a loss of bone; if accurately examined, this will be found not to be the case — they are perfectly innocent.

The means of cure that ought to be attempted in these enlargements cannot well be gained from what has been hitherto left us. Formerly, when the tumours appeared on the cranium, the usual way was either to open them by incision, or by the actual cautery; success, of course, was not common. Death was almost certain to follow such proceedings, and we find that it did so. The causes that produced it were not known, and they therefore were not avoided. In latter times, tumours of this nature have been generally left untouched, either from a dread of convulsions arising, or their not healing, which was thought to be prevented by the excessive discharge, originating from some latent cause, that could not be described. What this cause is I have attempted to shew, and have also endeavoured to account for the sudden death which the excision or opening of these tumours has not unfrequently produced, on the theory of diminished pressure, caused by the rapid evacuation of fluid from a sac having communication with the brain, by larger or smaller channels. Granting such opinions to be correct, the great object that we must look to is the prevention of the flow of fluid from the part whence the tumour has been removed. Many years ago, long before Mr. Abernethy or Sir Astley Cooper wrote upon the method of proceeding in spina bifida, either by the lancet or fine needle, Mr. Dawson, Surgeon, of this place, a gentleman of great attainments in his profession, had recourse to the like means, but without success, in the case of an infant that was born with a swelling on the top of the head, of the nature

above described ; it was a very large one, and the child only lived three or four weeks after birth. No notes being taken of the case, I cannot give a detailed account of it. But from this and the many instances of failure in spina bifida, where the same method was pursued, one should not be tempted to place much confidence in it, particularly when the tumour is large. It can only be viewed as a palliative measure at the best, as it generally fails in effecting what is intended — the obliteration of the cavity by adhesive inflammation, which, if not attained, leaves the patient, if not in a worse, at least in no better condition, than before the operation.

The plan by ligature, with slight modification, holds out more certain grounds of success than any of those above named. It is an old method, but ought not by any means to be discarded on that account; for although it may be said to have failed in not a few trials, I believe it will be found to have done so, through the over-anxiety of those using it, in order to effect suddenly a separation of the parts (this being their sole aim), rather than to produce, by slow degrees, a consolidation of the integuments, round which the ligature is applied. A ligature may, or may not, be made to excite the necessary degree of adhesive inflammation, according to the greater or less violence used in tying it. If the cord be so drawn as rapidly to induce mortification, the tumour will drop off before the adhesion caused by the ligature has gained that strength to enable it to resist the pressure from behind ; but if the process be conducted in a more guarded manner, if the cord be drawn slightly and by degrees, such consequences will not follow. The ligature will get through in time, leaving a bed of consolidated substance, of strength sufficient to resist any ordinary pressure: if we can get the part to heal, that is what we wish; a pad-bandage will make up for what is wanting. Therefore, as a fine barrier is what we require to prevent the consequences pointed out above, that which promises to effect it, although it may want the quickness or despatch of modern surgery, deserves a trial ; and I can say from experience, that such attempts, if conducted with care, will not unfrequently be crowned with success, even in the worst cases.

I believe, too, that this means might be extended to some cases of spina bifida, providing the *sound* integuments could be drawn up and included in the ligature, without interfering with the slow manner of proceeding, which I suspect to be necessary in effecting a cure. There are, of course, instances to which nothing curative can possibly be extended, such as the interesting one by Mr. Barron, in a late Number, and

some of those related by Morgagni and Wepfer; but I have no facts to strengthen the recommendation in the cases in which I should think it likely to succeed, and must defer, therefore, any further observations till a future time, when, perhaps, I may have it in my power to speak of its effects in this fatal affection. It was the opinion of the late Mr. B. Bell — an opinion of no little weight — that a ligature might be made to succeed in spina bifida; but I do not know that he lived to employ it.

I beg leave to close these remarks with the history of a case, shewing the effect of the measures above mentioned, in an instance of the largest lymphatic tumour I ever remember to have seen, attended by circumstances not at all favourable to success, and which rendered the event extremely doubtful.

Case. — I was called to attend Mrs. M., in labour of her eleventh child, in the afternoon of the 21st of April last. The pains were severe after the rupture of the membranes, which took place early in the evening, yet without the rapid advance of the presenting part that was wont to be the case, which could be just felt high in the pelvis, but not so distinctly as to determine what it was that was coming down. It continued in this state several hours, notwithstanding the severity of the labour, till I found it was the head that presented, but that this was gradually receding, and giving place to another substance, which in no long time came down into the pelvis, filling it completely. I did not interfere with the progress of the labour, which was finished in the morning of the 22d by natural efforts, after the greatest possible agony, the tumour preventing the head making the turn under the arch of the pubes. I found this enlargement attached to the back part of the head, occupying the situation of the spine of the occiput; it was of an oblong figure, covered by a continuation of the scalp, which gave it a firm feel; and as the hair extended over two-thirds of the superior part of the tumour, the appearance was not unlike an additional head. At the first examination an evident fluctuation was apparent, but none of the fluid could be made to recede; yet attempts of this kind appeared to give pain, and caused the child to scream violently. On account of the thickness of the integuments at the junction with the head, no want in the bone could be discovered; but as there were several places in other parts of the cranium shewing defective ossification to a great extent, such deficiency was strongly suspected. Although the child had exhibited little signs of life when first born, from the excessive pressure, it soon recovered, and shewed no appear-

ance of defect either in sense or limb; indeed, it was a fine child in every other particular. As the infant could not be expected to live long, with such a weighty appendage, the least dragging of which caused the most violent cries, almost threatening convulsions, it was determined, at the earnest request of the parents, to attempt something. A thick silk ligature was therefore applied, in the afternoon of the day of birth, slightly round the base of the tumour, close to the head. It was drawn a little every day. On the fifth it was observed to have dipped into the substance a small way; and on the tenth, as the smell was getting disagreeable, and the dragging caused excessive and constant crying, I cut it through, on the tumour side of the ligature. The child after this experienced two slight convulsions, but they went off and did not return. Bleeding to a little extent took place from the substance within the ligature: this was stopped by tightening the cord, and the application of a pad and bandage, using moderate force.

The tumour consisted of a thin watery fluid, contained in a bag, of the very same appearance as the dura mater, and not adherent to the sac that formed the outer covering, which was in parts nearly half an inch thick. The circumference of this sac, when distended with fluid, was upwards of sixteen inches at its widest part; at the neck, near the head, about six. It was in length nearly seven inches.

The ligature, as it slowly cut itself through the thick substance, was followed by luxuriant granulations, which rose up on every side, and at length, apparently, pushed the blackened matter with the ligature from their place. This was not effected till the end of the fifth week, as the removal was left to Nature alone, the cord being seldom meddled with for the last two or three weeks. The skinning process was not completed for some time after the ligature came away, the granulations being allowed to rise so high, as to form a thick bed, rendering it difficult for the cuticle to shoot across it. They were at last obliged to be reduced by a mild escharotic, using great caution, a certain thickness of granulations being what I much desired, and to which end my attention had been from the first directed. The part after this gradually healed, without any untoward accident. The child is now one of the finest I ever saw, having grown strong and lusty. The part where the tumour was situated is very soft, the bone being wanting below to the extent of the size of a shilling. Much pressure upon the part gives apparently great pain, and therefore I have not examined the place so accurately as to be able to judge whether any diminution in the size of the aperture in the bone has yet taken

place; but as the other parts, in which deficiency of ossification was very observable, cannot now be found, it is probable that this one may in time undergo the like changes. Except that the bregma is rather larger than common, there is nothing peculiar in the head to other children; and as the child has surmounted all danger and difficulty so far, it is not being unusually sanguine to suppose that it may enjoy long life. It is still thought necessary to apply a bandage and compress. I have thus dwelt upon this affection, because I think that too little attention has been paid to it. Sweeping dogmas frequently cramp the arm of the Practitioner, and in no affection more than this has their baneful influence been felt. It must be allowed that there is some hazard in removing enlargements of this nature; but that we should even in the smallest avoid interfering with them, is an opinion that cannot be defended, and is calculated to do much harm. The above fact proves that the largest may be removed; therefore, if it be supposed that the danger increases according to size, we have in this case the summum of danger, which no one will allow to be great. I perhaps have trespassed; but as facts must be grasped at, in order to give confidence to practice, the minutest may in the hour of need prove of paramount consequence, both to the Practitioner's reputation and his patient's welfare.

II.

On Legislative Interference with the Practice of Surgery. By Robert Hull, Esq. Member of the Royal College of Surgeons, London.

The most splendid profession is that of arms, the most lucrative is the law, the most useful, medicine. The benefits, great and indispensable, of this latter science, have procured for its professors a respectable station in society, universal deference, and influence of no common character. These advantages it behoves them to maintain and defend with jealous vigilance, every where and at all times. For the Profession of Medicine is not, abstractedly and essentially, honourable; it is made such by the conduct of its members: it is elevated or lowered in public opinion, as they are themselves in moral worth: a statement illustrated by numberless instances, which the most cursory look around us will detect. Much credit, therefore, is due to those who have raised the Medical Art to that rank which it enjoys in the British Empire; and much caution is required of those who practise it, to support its claims to public esteem. Not that in countries

civilized like this, it can ever sink into such contempt as marked it even in the days of Imperial Rome, when it was deemed to be worthy the pursuit only of slaves. Amongst a nation like this, it will never fail to be distinguished by more or fewer of opulent, of gifted, of erudite, and well-educated men.

But common observation teaches us how many of its members can lay claim to none of these recommendations — how much by this class of persons it is abused and degraded! Perhaps, after all the respectability of the Medical Profession, there is none other equally polluted by the intrusion of unworthy men. And if the public is unacquainted with this fact, it is not concealed from the Profession — at least from the enlightened and disinterested portion thereof.

The very nature of that art which is professed must ever prevent the public from arriving at a correct estimate of the capabilities of the Medical Practitioner. A specious address, plausible talk, or an assumed sympathy, is ever able to render the public the dupe, perhaps the victim, of immoral and insolent quackery. I do not know, constituted as human nature is, that it is possible to provide a complete remedy for this lamented evil. The most scrutinizing surveillance, the most precise ordeal which government could establish, would fail to exclude every improper candidate. It is impossible to provide against unprincipled men, who are ready to forge certificates, counterfeit signatures, and practise the various deceptions which, it is well known, are constantly perpetrated. But if perfect reformation cannot be reached, let us endeavour to approach it; if we cannot suppress empiricism by wholesale processes, let us do what we can; let us labour individually and in detail.

The departments of the Physician and of the Apothecary are well regulated by the interference of the legislature; at least, the latter has received that attention from parliament which, in this humane empire, would not have been premature, had it been bestowed very many years sooner. But the practice of surgery is still assumed by incompetent persons and charlatans. No direct law existing to prevent or suppress ignorant and uneducated pretenders to the art, the only redress a sufferer can obtain for lameness, or mutilation, or torture, must be sought in an action at law for damages. But that a liability to this does not check the pretensions of ignorance and vanity, of craft and the love of gain, is too evident. How rarely are actions of this sort brought—how often, experience and observation shew us, they ought to be brought, for the most deplorable destructions of health, of limbs, of life!

Some may argue that it is the fashion in these days to undergo an examination, and take a degree at one of the Royal Colleges of Surgeons, and that fashion is as efficacious as a law. But this reasoning is founded on a partial view of human nature. To a man of gentlemanly and delicate mind, of truly *professional* feelings, of correct taste and becoming pride, an honourable custom *is* as compulsory as legal enactment: but is this the portrait of every pretender to surgery? Are there not men, who will not act rightly save by force? who are amenable to no tribunal but that of the magistrate? who scruple not to subserve their selfish interests by any means which will not expose them to *legal* punishment? Surely surgery may expect from the government the same interference and paternal interest which it has lately conferred on pharmacy, for the sake of his Majesty's liege subjects! And I trust the day is not very distant. But until this desirable event occur, it is the duty of men anxious for the reputation of the healing art, and alive to the miseries of their afflicted fellow-creatures, to prevent as much as possible, without the aid of the government, the mischiefs that naturally result from ignorant presumption and knavish cupidity. The public, as I have already said, can form no correct estimate of medical talents — can know little or nothing of the true modes of medical education: the public, therefore, look to the members themselves of the Profession, to see whether *they* recognize the man who claims professional emolument, and assumes a professional title: and, on the whole, this criterion is fair and practical. Individual cases of personal hostility and malevolent detraction may here and there occur; and in these instances the world does well to discredit or doubt; but where a number of honourable Practitioners coincide to shun an individual who grasps surreptitiously a professional name, it will agree with their verdict, and it will do right so to agree. In the absence, then, of legal prohibition, let medical men consult the purity and dignity of their art: and by this expression—'medical men'—I mean the Physician, the Surgeon, the General Practitioner, the Apothecary: their cause is common, although their labours are distinct: not one of their departments can be degraded, but that more or less the rest must be lowered in public estimation. Let medical men themselves, then, erect a fair, humane, and philosophic standard of professional worth and *receptibility*. Let them not compromise their character as a body, or as individuals, by any regard to personal favour or *pecuniary* interests. Indeed their true interests, as respectable members of society, and of a profitable profession, demand them to require of every pretender an

education as rigid as their own. The grand operations of surgery, and the most serious *medical* diseases, are not those which commonly produce emolument. We most of us gain our livelihood by the treatment of every-day disorders; and if we suffer the half-educated practitioner to appropriate the minor cases, merely because they are minor, and he may be competent to *them*, we resemble an animal, which shall be nameless, which in the act of swimming is said to cut its own throat. The Physician who countenances an unqualified pretender in the treatment of a colic, reserving himself for latent and *scientific* (so to speak) disease — and the Surgeon who concedes hydroceles and strictures, and amputations of fingers, and reductions of shoulder-bones, because himself can lithotomize, herniotomize, and trepan — will sooner or later discover his mistaken policy. Whilst he is waiting for a *coup-de-maître*, he will find his hands unemployed and his pockets empty; and Heaven avert that day when the man of respectable education, of studied acquirements and good feelings, is to gain a subsistence only by dismembering and agonizing his fellow-men!

But, it will be asked, what ought we to consider a fit chirurgical education? what shall be the standard rule whereby we shall reject or fraternize with a man assuming the character of Surgeon? This question is already answered by the different colleges in Great Britain. Who will dispute the propriety of those conditions upon which alone they bestow their diplomata? Who will assert they are too rigid in their demands—too precise in their qualifications? Who that values science, humanity, the dignity of his art, would require them to be less fastidious? If, then, their standard be upon the whole correct, let no man be recognized who evades an examination for the degree of Surgeon at one of the royal colleges, or who, aspiring to this honour, fails to obtain it! He can brave their scrutiny, or he cannot. If he cannot, he is unfit to practise; if he can, why does he refuse? Unless a measure similar to the proposed be adopted, I fear that the class of General Practitioners will be deteriorated, and the public suffer in proportion. The Apothecaries' Act will be prejudicial, instead of conferring that national benefit which was intended by its benevolent projectors. Before the passing of this act, that is, before there was any compulsory qualification for practice, the diploma of a Royal College of Surgeons was certainly an object of solicitude and ambition. Although many entered private practice destitute of its sanction, yet I believe that, for the last twenty years or upwards, the major portion of English General Practitioners had taken a degree from the college in Lincoln's-inn

Fields. There has been a *feeling* that this course was honourable; that, although the law might not compel to it, yet a man must be conscious of inadequate education or capacities, who evaded the regular examination. Now, *their* diploma implied a pretty strict instruction — twelve months at least in the schools of a metropolis, and fair means of obtaining chirurgical knowledge to a certain point previously. Most young men sought it, for they wanted *some* credentials, both for the members of the Profession and for the public. But the Apothecaries' Act requires much less time and study in a metropolis, where alone the *indispensables* of science can be found: and yet many, if they have obtained a license to act as Apothecaries, will not encounter the prolonged time, studies, and expenses of acquiring membership of a College of Surgeons. They have *some* testimonials to produce; they have "passed the Hall"—you may see the proof upon their shops' walls, in black and white, framed and glazed. The public does not distinguish one set of certificates from another; and thus the half-educated man has the credit of a regular, a complete, and a *surgical* tuition. An instance of this sort has recently occurred under my own observation; and what takes place in one city is certain to happen elsewhere, since human nature is much the same in all quarters.

To me, then, it seems very desirable, that every man who feels for the character and usefulness of his profession should endeavour, as far as in him lies, to draw to the practice of surgery the same parliamentary attention which pharmacy has obtained. If there were no General Practitioners, and every man was either a Physician, or a Surgeon, or an Apothecary, I cannot doubt that unmixed benefit would result from the act passed in 1815 for the latter class. But I have above stated reasons for dreading lest what the public will gain by a more informed body of Pharmacopolists, they will lose in diminished qualifications for surgery. That the Apothecaries' Act was necessary, no observant person can deny; but if, before that existed, the humane and judicious approved of legislative interference with the practice of surgery, much more is that event to be desired at present: if previously it were a matter of propriety, it is now become one of overwhelming importance. I believe that more than one attempt has been made to interest Parliament in the business, and failed. But if the sentiments advanced in this paper be worthy consideration, and find a correspondent opinion in the breasts of the generality of medical men, I cannot doubt that a renewed endeavour, backed by petitions from the enlightened Practitioners of the British Empire, would

secure in the Houses of Parliament that successful patronage which, on great national subjects unconnected with politics, all parties unite to bestow.

Norwich, July 3, 1824.

III.

Adversaria Medica et Chirurgica. By John Fosbroke, Esq., Surgeon, Cheltenham.

No. II. — *On the Use of Cubebs in the Treatment of Affections of the Mucous Membranes in different Parts of the Human Body; with Cases.*

In the London Medical Repository for May, 1822, some account of a case of acute enteritis erythematica was given, in which I had used the cubebs pepper with apparent benefit to the patient. In the same Journal for June, 1822, some other allusions were made to its use in affections of the mucous membranes in different parts of the body. Towards the autumn of 1822, a short extract appeared from a letter written by me to the Editor, alluding to the further progress of these experiments, without entering into details. Finding that the remedy has since been much used by several Practitioners, it may not be amiss to give a fuller statement respecting it.

Dr. Baron, in the first place, observed to me, that he had found in cubebs a useful remedy in inflammation of the mucous membranes of the abdomen; and during the time which I passed subsequently with Dr. Jenner, we had many opportunities of trying the cubebs in these affections. By means of the prevalence of dyspepsia, chronic inflammations of the mucous membranes generally, and of the abdomen more especially, of mucous discharges from the bowels with pyrosis, and of scrofula in all its forms, in the neighbourhood of Wotton-under-edge and the districts about Berkeley, Dr. Jenner's applications for advice in these disorders were very numerous. In the valleys and blind hollows running through the oolitic ranges which form that part of Gloucestershire, where cloth-working is the common employment of the population, the lower classes, for the most part, are an unhealthy people, subject, in good measure, to the diseases enumerated.

The population of the cloth-working districts is large and crowded: from this circumstance, as well as local situation, and habits of life and employment, prejudicial to human

health, a morbid physical refinement and degeneracy of the human species is every where presented. Besides the diseases spoken of, several others are predominant, according to the peculiar dispositions of distinct orders of parts, viz. strumous affections in all shapes, phthisis, and cutaneous diseases. Bronchocele is very general. The peculiar arrangement, elevation, and relative position of hill and valley, are favourable to sudden and frequent variations of the temperature and of the gravity of the atmosphere, and, in particular places, unfavourable to sufficient and equal motion of the body of the atmosphere. In the same situation, the current of air may be free and uninterrupted at one elevation, and limited and confined at another. At the one point a healthy race may exist; at the other just the contrary. Dr. Forester, of Derby, assured me that these statements correspond with the observations which he made in Switzerland.

Hence I saw that cubebs promised to be of considerable utility. Of the earlier cases, however, I took no notes: latterly, seeing that they were worthy of tradition, I preserved some accounts. Dr. Jenner was in the habit of recording the histories of cases and the treatment, but to these I have now no means of reference.

The forms according to which I have prescribed cubebs have been alone or in combination; occasionally with the intervention of eccoprotics, &c.; and sometimes after such preparatory remedies as circumstances required.

First of all, I shall give a selection of cases, illustrative both of the mode of exhibition and of the influence of the remedy, without any determinate order. It will rest afterwards to speak more at large of its therapeutical history.

Case I.

This case occurred during my residence in Edinburgh in the session of 1821. A married woman, and housekeeper, of the name of Campbell, who was about the period of middle-life, and had borne children, asked my advice on account of an affection of the œsophagus. It consisted of a difficulty of swallowing food, which she had found during two years. This difficulty had gradually increased, until she felt the greatest apprehension that the capability of deglutition would wholly terminate. She described the soreness and obstruction to exist at a part parallel with the upper edge of the first bone of the sternum, and there to be confined. Save occasional dyspepsia, the general functions were not irregular, nor had she, during the complaint, been affected with hysterical or other disorders. The case had

been treated with bleeding, general and local, blistering, purging, &c., by several eminent Practitioners of that city, without any decisive check. In fact, the obstruction to the passage of food became gradually worse, and her mind was now filled with the greatest anxiety.

Two scruples to a dram of the cubebs were ordered to be taken twice a day, combined with small doses of carb. sodæ and pulv. ipecac.: the ung. antim. tart., at the same time, to be rubbed upon the throat. During the first week she derived little advantage; cayenne was therefore added. Towards the end of the second week she felt much better, and could swallow bigger portions of food; at the expiration of the third, she felt herself recovered, and ceased to take the medicines. I saw her several weeks afterwards, when she continued well.

Case II.

July 31, 1821. — Elizabeth Seal, Watford, Hertfordshire, a young woman past the period of puberty, and of extreme delicacy of habit. She complains of cough, with an expectoration of phlegm, which is sometimes thick, at others thin; of constant griping pain of the bowels, extending round the abdomen to the back, with much flatulency, and an incapability of enduring pressure in the umbilical and hypogastric regions. Emaciation and muscular debility; extreme itching of nostrils; difficulty of voiding urine, with pain; mucous profluvia from the vagina; catamenia absent; night-sweats profuse; stools regular, but attended with straining, and consisting of brown-coloured slimy evacuations.

Her complaint came on three months since, in consequence of a chill. She is now very pallid, wretchedly emaciated, and so debilitated as not to be able to stand. The whole vertebral column is bent forwards like a bow.

She has had the advice of two very respectable medical men, one of whom conceived her case to be incurable phthisis, on account of the cough and several other symptoms. The other treated the disease for an affection of the uterine and urinary organs, on account of the symptoms which involved these organs. I ascertained that her cough was coeval with measles, which she had had many years before; and, though aggravated by the now existing malady, seemed to be caused chiefly by an impeded transmission of blood to the air-cells of the lungs, in consequence of adhesions formed during the rubeolar attack. My inquiries led to the belief that the affection of the urinary organs took its

rise from extension of the abdominal affection, and from a habit, which she had formerly acquired at school, of retaining her urine, since which micturition has ever been painful and difficult. As the symptoms now indicated, and as two years ago I had treated her for, an affection of the mucous membranes of the abdomen, I concluded that the principal seat of the disease was in the abdomen; that there existed chronic inflammation of the mucous membranes of the bowels, and a disordered secreting action of these membranes, as well as of the great glandular viscera. Some participation of the absorbent functions of the villous membranes, and of the mesenteric glands, as well as of the muscular and peritoneal coats of the intestines, in the disordered action described, was probably conjoined.

Guided by these views, notwithstanding her debility, twelve leeches were applied to the abdomen, followed by the warm bath and these powders: —

℞ Pulv. Colchici, gr. iij.
Digitalis, gr. j.
Sulph. Potass. gr. x. M.
Sumat j. ter in die. Ung. Antim. Tart. scrobiculo cordis.

August 3d. — Leeches bled freely; much purged; stools of slime of mingled colours, predominantly of a brownish cast; eruptions come out; itching at the anus and nostrils; pain much diminished, but still felt in the course of the colon. To continue the powders.

5th. — On the whole feels better, but the local symptoms are in no material point changed since the last report.

℞ Pulv. Cubeb. ℈ij.
Calomb. ℈j.
Oxyd Bysmuthi, gr. v. M.
Sumat j. bis in die.

℞ Pil. Cambog. Co. gr. v.
Sulph. Ferri, gr. j. M.
Sumat j. omni nocte h. s.

6th. — Much better; no straining at stool.

30th. — Recovery has been rapid; daily increase of appetite, strength, and flesh. The abdominal symptoms entirely removed; the excretions healthy in quantity and appearance. The cough, though lessened, still continues. Some disordered action of the urinary organs and secretion recurred, which was removed by pustulating the loins with the antimonial ointment. The cough also was much relieved, by keeping out pustules on the chest.

This individual has since enjoyed good health to the present time.

Case III.

The following is a very interesting case of an affection of the mucous membranes which line the posterior nares, the frontal, sphænoidal, and ethmoidal sinuses : —

Mrs. C***d, the lady of a respectable solicitor at Cheltenham, without children, of acute sensibility of mind, and of an irritable temperament, applied to me July 10, 1823. She complains of a partial want of the sense of smell, with extreme fulness felt across the nasal arch and between the eyes, extending upwards to a space circumscribed by the limits of the frontal sinuses. The integuments covering those sinuses are frequently raised and swoln, and red on the surface. She feels itching pain, or a crackling sensation, in the course of the nasal and supra-orbital branches of the fifth pair of nerves, with pain in the ear and along the roof of the palate. She has also frequent watery discharges from the nostrils in excessive quantity. These discharges come on suddenly, continue for a time, and then abate, growing thicker, and occasionally coming away in white flakes. They are acrid, and render the pituitary membrane sore. She thinks that the sense of weight and heaviness across the forehead and nose is relieved by these discharges. She compares her feelings to those of a person who has catarrh in the severest form. Increase of her disorder, redness of the forehead, &c., occur immediately after vexation of mind. It is most prone to return in the evening. Her sleep is oppressive, as if she would never awake. Skin dry, and devoid of sensible perspiration till lately. Bowels regular. Pulse 96.

Her complaint began eight or nine months ago, in the same manner as a violent catarrh, with a sense of burning heat, and redness and tumescence of the skin across the forehead. In September and October, 1822, she nursed two dogs in her lap, which afterwards died with the distemper, whence arises an impression that the origin of the affection was connected with this incident.* First, she had sneezing, with alteration of voice. She was afterwards affected with a stiff neck, succeeded by rigidity and spasm of the cervical muscles down to the shoulder, and of one sterno-

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* I do not profess to see that close similitude betwixt the phenomena of this case and those of canine distemper, as most faithfully portrayed by Dr. Jenner, in the Medico-Chir. Trans., and by Dr. Parry, in his work on Tetanus and Hydrophobia, which would sanction the belief of such an origin of Mrs. C.'s disease.

mastoid muscle, bending the head to one side.* Then came on the discharge from the nostrils. She has been under the care of an eminent Hospital Surgeon in the country for many months, blistered half a dozen times, leeched as many, and has used mercurial alteratives, &c. &c., with little benefit.

She has been very susceptible of catarrh since she had small-pox.

Remarks. — The loss of the senses of smell and taste always coincide with returns of the profluvia from the nostrils, and the inflammatory state of their lining membranes. At those times when her complaint was at the worst, she could not taste even mustard. In inflammation, the natural sensibility of mucous membranes, with respect to the natural impressions, is certainly modified, and a sensibility to impressions of another kind exists. The associated loss of the sense of smell and taste is a circumstance which cannot well be accounted for, according to our present appropriations of the sense of smell and taste to two different nerves. I must confess that I pondered on this often, before Magendie's discovery respecting these senses was announced; and the phenomena now recorded have strongly biassed my mind to admit his views, of which they are confirmatory. Whenever the symptoms have shewn any tendency to abate, returns have invariably been provoked by exposure to cold, of which she has the greatest susceptibility. Indeed, they are aggravated by exposure to any air but that within the house. Neither the pulse nor any local nor general symptoms manifest undue determination to the brain. The heavy sleep to which she is subject seems rather to be owing to torpor than fulness of that viscus. All the energies of the nervous system are much weakened. After the failure of treatment according to established principles of practice, she despaired of cure, and felt the greatest depression of mind that she should be doomed to a most annoying and offensive disease. Indeed, she was given to understand that this, as some other like cases, would terminate in exfoliation of the subjacent bones.

Under these circumstances, I felt that any repetition of former remedies, or recourse to routine practice, would be

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* In affections of the frontal and sphænoid sinuses, I have observed more than once that a species of neuralgia, in the course of the facial branches of the fifth pair, portio dura, the accessorius nerve, and the nerves distributed to the skin and muscles of the neck, has occurred.

absurd. I determined, therefore, upon giving her the cubebs, in dram doses, in conjunction with a scruple of carbonate of iron, twice a day, and with a night pill of the mixed diaphoretic and aperient combinations, to keep both bowels and skin in action.

August 10th. — For several days she continued the cubebs, steel, and cayenne, with regularity. The discharge from the nostrils gradually diminished, and at last was wholly suspended, with the perfect restoration both of smell and taste. Her general health and strength also began to improve greatly. She then left off the powders and caught a fresh cold; the local affection returned, with extreme heat of the skin and forehead, and erythema over the eyebrows.* During this relapse, she snuffed up into the nostrils a solution of alum, which caused immediate and almost intolerable pain, and was followed by a discharge of shreds of an albuminous appearance. Subsequent uses of this solution in a milder form were not painful, and seemed to do good.

She renewed the powders. The nasal discharge was quickly diminished, but the senses of smell and taste continued very defective. At a suggestion which I obtained from Smith's "Curiosities of Common Water,"† I recommended the application of cloths dipped in cold water across the forehead and nose. It produced painful sensations of general chill, but relieved the sense of burning heat within the nostrils.

September 2d. — Since the last report, she has had no return of her local complaint, although she imprudently exposed herself to cold by pumping water on her head in the open air. This brought on cough, with a sense of tightness and obstruction within the thorax. However, the pulmonary symptoms having subsided in a few days, the powders were renewed, and have been continued for fifteen days past. She speaks with the greatest confidence of

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* After any sudden impression of mental vexation, Mrs. C.'s forehead becomes red and tumefied.

† "We are told by *Van Heydon*, that one *Sir Toby Matthews* had for twenty years been troubled with great pain in one side of his head, and a great defluxion of rheum from his nose, but he at last was cured by applying cold water to the part every day, for about a quarter of an hour: *upon reading of which I tried the experiment upon myself*, who for a long time had been troubled with the running of much clear water from my nose, with great spitting of thin rheum: *for I let a water-cock run upon the mould of my head every morning*, by which, in about six weeks' time, I was eased of my trouble." — P. 38. A.D. 1723.

recovery, in so far as respects the primary affection, seeing that those incidental exposures, which before would have brought back the local affection in its worst form, now only excite some transient and general disorder. She thinks that the uninterrupted continuance of the powders for the last fifteen days has done more for her than any previous trials, which were irregular. The last powders have been gradually reinforced with cayenne, as far as the stomach could bear the stimulus. The appetite and general health are singularly improved.*

December 16th.—She has continued free from her complaint through the winter, and has long since given up the powders. She is still, however, very susceptible of catarrh, but it is not attended with more than an ordinary and moderate flow of mucus from the nostrils. At such time erythema and swelling appear about the nostrils. This winter she has been affected with irritable bladder, with great pain in micturition, and discharge of mucus from her urine. The cubebs had no influence over the symptoms in this instance, which were finally subdued by the use of the fixed alkali, with ext. sarsæ and tinct. humuli.† In fact, up to the present time, July 1824, attention to this lady's constitution convinces me of a peculiar natural tendency of the mucous membranes to irritative action.‡

Case IV.

In January 1823, I was consulted by Mr. B., a very respectable solicitor in a neighbouring country town. He is above thirty years of age, of the sanguine temperament, of the nervous constitution, and of considerable irritability of mind. He has been affected with much irregularity of bowels, and disorder of the alvine secretions, passing chiefly mucus. His animal spirits are very irregular, and to the lowest degree depressed when he passes mucous stools. He has lately grown corpulent, and feels great muscular weak-

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* The aromatic powders, as with bark, have certainly the effect of rendering steel less heavy and oppressive to the stomach.

† In acute inflammation of the meatus urinarius, and of the female bladder itself, I have found sponges saturated with the poppy fomentation, made hot, and introduced into the vagina, very successful, giving at the same time the liq. potassæ and ext. sarsæ. Probably in chronic inflammation of the bladder cold might be applied similarly with a happy effect.

‡ I use this term according to the signification which was given to it by the scientific Dr. George Fordyce.

ness and lassitude after exercise.* He has had more or less tendency to the state described ever since adult age. According to the advice of an eminent Physician, he had taken the fixed alkalies, and that class of remedies which tend to alter and renew the secretions to a healthy state by the mixed evacuating and invigorating system. The irregularities spoken of, however, still continued, and in consequence I was requested to prescribe for him. After first giving him the acet. colchici neutralized, according to Dr. Scudamore's prescription, with the addition of one grain of tartar emetic to two fluid ounces of the acet. colch. to be taken in dram doses in a solution of sulphate of magnesia, he took the white oxyde of bysmuth and cubebs.

After a week he wrote to me that his mucous secretions had ceased, and that the animal spirits and general health were infinitely improved. The last was a natural result of the amendment of the mucous membranes, for a most distressing state of mind ever goes along with these morbid conditions of those textures.

Finding himself again in good health, he began to live freely, and take little exercise. After a time his complaints returned, with hæmorrhoidal discharges. It was now evident that there existed much fulness of the venæ portarum. The determinations to the mucous membranes of the alimentary tube, might be regarded as the result of the redundancy which had taken place in the portal system in consequence of general over-nutrition. This system of vessels being full and torpid, the liver was not only oppressed in the performance of its secreting functions, but also was incapable of receiving and recirculating freely the blood returned from the intestines by the mesenteric veins. Not only were these opinions of his case borne out by the preceding observation of many other like cases, but by the sudden corpulency of the individual, and the appearance of hæmorrhoids critically at this period.

To a peculiar unenergetic and irritable state of the whole nervous system in this performance of its functions, somewhat of the features of these cases is probably due. Of this more at another time.

Though therefore the bysmuth and cubebs, with occasional eccoprotics, had tended to allay the irritability of the intestines, and modify irregularity of action, so as to improve the

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* This is the state which Richerand judiciously classifies under the following specific terms: — "In febre pituitosa, seu morbo mucoso (adeno-meningeâ), *languor virium.*"

condition of the animal spirits; yet holding in consideration that the mucous membranes, by means of this abundant though vitiated secretion, in some measure diverted a portion of the vascular accumulation in the interior, and that they acted vicariously to the skin, which, as in almost all such cases, was torpid, that condition, though a morbid and distressing one, was under existing circumstances to be regarded as salutary. It was necessary, therefore, that such means, viz. depletion, warm bathing, and a course of alteratives, should be used as would tend to lessen the essential causes of the disease, before the remedies applicable only to the internal surfaces could with safety be resumed. For the fulfilment of these indications, and a well-ordered use of our waters, I placed this gentleman under the care of a Physician in Cheltenham, and in less than six weeks he was much improved in health.

Case V.

In another gentleman, of precisely similar constitution, who had grown suddenly corpulent, at that period of life when nutrition often concurs with, or perhaps generates indirect debility, a train of symptoms precisely similar, as imports the mucous membranes, led me to use the cubebs and bysmuth. They had a similar influence in rectifying the derangements of the mucous membranes, and lessening the oppressed state of the animal spirits; but were followed by such an increase of constitutional disorder, as well as of some degree of irregular circulation in the head, that blood-letting and evacuants were required.

Of these two last cases I have spoken here, chiefly to indicate under what circumstances less advantageous effects are to be expected from the use of cubebs in affections of the mucous membranes of the abdomen, viz. when a certain state of plethora exists along with the increased and vitiated secretions from the mucous membranes. Then the latter, though the effect of a morbid process, may, notwithstanding, be required by the constitution.

But when similar derangements of the abdominal secretions, and more especially of those of the mucous membranes, are combined with general relaxation and feeble circulating energies, much good may be expected from cubebs and bysmuth, without the risk of superinducing counteracting effects. The intermediate degrees of action betwixt acute inflammation and morbid actions of an inferior kind, not to be called strictly inflammatory, to which mucous membranes are subject, are very various, and greatly distress the con-

stitution. The case which follows, as also others in Mr. Hicks's report,* are illustrative of these.

Case VI.

Miss E—t—y, the sister of General K. Abergavenny, had for many years been subject to torpor of the liver, deranged secretions both of this organ and of the kidneys, and constant evacuations of mucus of various colours from the bowels, instead of healthy excretions.

In consequence of this general derangement of the secretions, she had fallen into a cachectic state of health. She possessed a state of mind which, if not favourable to the production of these derangements, often goes before and accompanies them, viz. a great susceptibility of depressing feelings, and great irregularity of spirits. She had been under the care of a multitude of Physicians, and other medical men, without benefit: therefore much improvement was not to be looked for. The passing of electric shocks in the regions of the liver and kidneys, the application of leeches to the same parts, the administering of alteratives, viz. tartar emetic, sp. tereb., colchicum, the No. 4 of the Old Wells, &c., were severally tried with some advantage. The cubebs and bysmuth were then given, and afterwards strengthened with cayenne and sulph. ferri. They were of great use to her. Leucorrhœa, to which she had been long habituated, ceased; her appetite, animal spirits, and natural functions, were for a long time greatly improved. But the difficulty of restoring the functions of the skin, the susceptibility of the skin to impressions of cold and checks of its healthy actions, led on to relapses, that no power of the remedies could counteract. As respects the skin, this ever happens when the powers of the frame have been long and gradually undermined by these states of disease, and where, the equilibrium of the circulation being altered, the preponderancy in quantity is thrown upon the internal organs and mucous membranes. Indeed, the more distant from the centre, the weaker is the tissue in resistance to morbid impressions.

She resumed the cubebs and cayenne at different times, but habitual use lessens their first impressions, and upon second trial they have rarely those active powers over the mucous membranes which they had at first.

It has been very much my own practice, and it was that of Dr. Jenner, to use the cubebs in cases of this nature. In the *milder* and *more recent* forms of these diseases, the peculiar influence of the remedy over the mucous membranes was

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* Contained in the concluding part of this article, which will appear in our next Number.

of much benefit to the patient, after such alteratives and deobstruents had been given as were required to prepare the way. Of these cases I might record many, but it is rather my object to give a few unprejudiced hints concerning the effects of the remedy, and to afford such illustrations as are required to shew its mode of application, than to multiply *fac similes*. In long-standing constitutional cases, no more can be expected from it than from any other drug. But even in these, as in Miss Kinsey's, I believe that cubebs will often do more than the routine remedies. But who is the Physician, and where is the remedy, that can cure chronic diseases? The constitution is no longer the same, and all its relations with respect to remedies are altered.

(*To be concluded in our next.*)

IV.

Remarks on the Medical Evidence adduced on the Trial of Captain Donellan, in defence of the Author's Opinion respecting it. By G. E. Male, M.D., &c.

[To James Copland, M.D.]

Sir,—The Medical Repository, of which you are announced as one of the Editors, has frequently contained strictures on my work on Juridical Medicine, and more particularly on my opinion respecting the trial of Mr. Donellan; an opinion which you state, in a late Number of your Journal, to have been "too positively and too hastily recorded." However positively it may have been stated, I have not formed it hastily, but after frequent and strict examination of the evidence adduced on that remarkable trial.

I am aware that Dr. Paris and Mr. Fonblanque, Dr. Beck, of America, and other writers on juridical medicine, have expressed their dissent from my sentiments on that subject; and from the manner in which I have been addressed by the latter gentleman, who has recently published one of the best works on Juridical Medicine which has been compiled either in this or any other country, I feel myself called upon to defend them.

In entertaining the opinions I have recorded, I am by no means singular: soon after the death of the accused, Messrs. Juge and Webb, his attornies, both of whom are now living, published a folio pamphlet of 100 pages, which they entitled his "Defence;" and one of those gentlemen informed me that he did at the time entertain strong doubt of his guilt, and had some reason for fixing it elsewhere. Mr. Philips, in his work on the Law of Evidence, questions

the propriety of the verdict. These observations are not intended to be made with a view of awakening a spirit of controversy, which I wish to avoid; but as a justification of the assertion and opinions which I have unreservedly proclaimed and still entertain, and for which I have been repeatedly assailed. We have all read the evidence, and I have no doubt dispassionately and attentively, but have come to very different conclusions. He who may be in an error will, at all events, from the remote period of the transaction, be exculpated from any suspicion of prejudice or partiality.

All the medical witnesses, except one,* are dead, and there are not more than four or five persons living who were in any way concerned in that singular trial. Dr. Beck says, "Dr. Male notices this case as a melancholy and striking instance of the unhappy effects of popular prejudice, and the fatal consequences of medical ignorance." † Where Dr. Beck has found these words, which he has secured in inverted commas, I know not, but they certainly do not belong to me. It is probably the observation of Dr. Cooper, Professor of Chemistry in Pennsylvania, who has republished my book in that country, accompanied by his own notes. It is true, in allusion to the medical evidence, I have said, "from such kind of evidence as this it is but too probable that many persons have suffered unjustly," and this position I shall endeavour to prove; but I beg to premise that I am not contending, nor have I ever done so, that Donellan was innocent of the charge preferred against him: I think it very *probable* that he was guilty, but I still maintain that there was no positive proof of his guilt, although the chain of concurrent circumstances was sufficiently remarkable to throw strong suspicion upon him: his own caution to avoid this suspicion was the only evidence of his delinquency. The import of my assertion tends more to invalidate the medical testimony than to impugn the verdict of the jury. The delinquent was confessedly convicted solely on circumstantial evidence arising from his own conduct, and from Lady Boughton's opinion of the smell of the fluid taken by her son; but the medical testimony throwing no light whatever on the cause of his death ought not to have had the least weight with an intelligent jury, who decided, or should have done so, solely on the facts contained in the published account of the trial: this, therefore, I shall examine, and not attend to reports or experiments subsequent to that period, which, of course, were not in evidence before the court.

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* Dr. Kerr, of Northampton. † Beck, Vol. II. p. 422.

The comparatively infant state of chemical and physiological knowledge at the time this trial took place, now forty-three years ago, must be taken into consideration, and have its due weight in appreciating the medical evidence; but no circumstance can justify positive assertion which is not established on facts, if they can be elicited, or on that careful experiment which can leave but little room for doubt.

The indictment, founded on the coroner's inquisition, charges the prisoner with infusing and mixing with water a certain quantity, viz. ℥ij. of arsenic, and substituting it for a certain medicine made up and to be taken by Sir Theodosius Boughton; nor is any mention made, nor even suspicion entertained, that any other poison had been administered; yet at the trial, five months afterwards, the very same men, who had in the mean time been making experiments with *laurel water*, suggested by Lady Boughton's description of the smell of the draught she had given to her son, a poison at that time but very little known to medical men, and less likely to have been known to a young military officer; — at the trial, I repeat, these men shifted their ground, and charged the prisoner with having poisoned Sir Theodosius with laurel water. Why did they at the inquest fix upon arsenic, if they found none on examining the body? Was there no other known poison beside that mineral? It is not pretended that they found any, or instituted any experiments to indicate its presence; and it is probable that, if they had not hit upon the notion of laurel water, Donellan would have been hanged for poisoning the deceased with arsenic.

Dr. Rattray and Mr. Wilmer proved that laurel water will kill dogs, cats, and hares; but it was not proved that the prisoner, although he had a still, had ever distilled laurel leaves, or had had the fluid in his hands which was given to the deceased, and supposed to be the cause of his death. Dr. Rattray never saw an apoplexy attended with a heaving at the stomach, or froth issuing from the mouth: I will undertake to say that there are few observant medical men in extensive practice who have not; "it is the effect," says Mr. Hunter, "of the voluntary action being lost." The same Physician thought it extraordinary that his gums should bleed, and that he should have an odd taste in his mouth, when standing over a body so highly putrid that it was opened in the public churchyard, and be it remembered, in the presence of Lady Boughton, the mother and principal evidence; she was present at the examination of the body of her only son. Does the Doctor mean to say

that the effluvia of laurel water could cause this odd taste and bleeding of the gums? If not, I do not see the tendency of the evidence.

The evidence of Dr. Ash is very defective. He says, "as to the appearances of the body on dissection, they were certainly, as far as could be collected at that distant period from the time of the death (eleven days), and in such hot weather (being the 9th of September), similar to those appearances which are found in bodies of animals that are killed by vegetable substances, and not from mineral ones."* Now, Sir, I appeal to you and to every respectable Practitioner, if it is possible to ascertain merely from the state of the stomach, even a very few days after death, in hot weather, whether inflammation of any kind has taken place? The redness from incipient putrefaction or the settling of blood surely will not, in the present state of our knowledge at least, be mistaken for inflammation. Yet Dr. Ash was a learned and most respectable Physician, and his very respectability was injurious to the prisoner, for his testimony would have great influence on the decision of a jury.

I am convinced there is no well educated Physician of the present day, at all accustomed to dissection, who would not be ashamed of such an opinion.

This, Sir, is the kind of testimony to which I allude in my work on Juridical Medicine, and wish to guard the medical profession against delivering, and the legal profession against receiving; it is too common, and inconceivably injurious. It is not long since a medical witness swore that arsenic blackened a knife, and prevented dough from rising, and adduced no other test; on which evidence chiefly a person was hanged.

A report going about that a young woman had been poisoned, an inquiry into her case was commenced before Mr. Stirling. A Surgeon stated that he found the deceased quite dead. He understood she had been in convulsions two hours previous; and *had poison been administered,* it would have been observable by the distortion of the face: that, however, was not the case. The jury *expressed themselves satisfied with that opinion,* and returned a verdict of—"Died by the visitation of God."† Were it not foreign to the subject of this paper, I could mention numerous instances of mischief occasioned by such testimony; for, as I have elsewhere quoted, "medici non sunt proprie jures, sed est magis judicium quàm testimonium."

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* See Trial, page 35.

† See Morning Chronicle, 2d September, 1823.

The head of Sir Theodosius Boughton was not opened; therefore, what proof is there that he did not die of apoplexy or epilepsy, or that kind of serous apoplexy which sometimes occurs from scrofulous tumours in the cerebellum, a case of which occurred to a young patient of mine in the General Hospital very lately?

Dr. Parsons, a witness for the prosecution, says, "the state in which he lay seems to have been more of the apoplectic than the epileptic;" and Mr. Hunter says, "I should rather suspect an apoplexy, and wish the head had been opened to remove all doubts." It is now well known that apoplexy is a disease of all ages, and is by no means uncommon in young persons. Where there is a doubt, as expressed by Mr. Hunter, the prisoner should have had the benefit of it; for I am still of opinion that "it is better that many guilty should escape, than that one innocent person should suffer." I need not allude to some recent trials, particularly that of Donall at Launceston, where this benefit was allowed, although the circumstantial evidence was at least as strong.

Dr. Beck says, "as a medical man, it might be inquired of Dr. Male whether the symptoms preceding his death have not been most strikingly and astonishingly verified as *probably* originating from laurel water, from the subsequent investigations of Chemists and Physicians?" To this I beg to answer, certainly not. I repeat that I have nowhere expressed any doubts as to the *probability* of his guilt, but I do not deem that sufficient to authorize the taking away the life of a fellow-creature. In this country, at least, I trust our judges will not execute on the bare probability of guilt. Mr. Hunter says, "the appearances upon dissection explain nothing but putrefaction;" and as to the symptoms, as described by Lady Boughton, I think, with that great Surgeon, that they daily occur, and are "a general effect of people dying in what you may call health, in an apoplexy or epilepsy, in all sudden deaths where the person was a moment before that in perfect health."*

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* See the Trial, page 50.

V.

Contributions to Pathology, No. VI.—Case of Aneurism of the Aorta, producing Symptoms of Peripneumonia Notha. By Joseph Ward, Esq., Member of the Royal College of Surgeons, and Apothecary to the London Hospital.

Thomas Bennett, aged fifty, admitted January 1, 1824. He had complained for the three previous months of difficulty of breathing, and much oppression in the chest, accompanied with cough, and expectoration of mucus. His countenance at the time of his admission was bloated, and fully indicated an impediment to the circulation of the blood through the lungs; pulse somewhat increased in frequency, and rather full; appetite very little impaired; bowels regular. On his admission he was ordered V. S. ad ℥xvj. mist. scillæ c. potass. nitr. gr. x., ter die; calom. c. jalap., alt. auror.

Jan. 4th.—He appeared somewhat relieved by the bleeding; sense of oppression in the chest still remained to a very considerable extent; expectoration of mucus copious. I was led to make an examination of the chest with the stethoscope, and was fully satisfied as to the existence of an aneurism, an undue pulsatory motion being felt on the right side of the sternum between the fourth and fifth ribs. He was directed to go on with his medicines for a few days longer.

On the 12th I was called, and found him dying from hæmorrhage, which came on after the act of coughing.

On examination post mortem, the lungs were found in an unusually congestive state; beyond this there was no disease of importance in them. There were a few slight adhesions in the right cavity of the chest, and a small quantity of fluid effused in both cavities. An aneurism of the aorta of small dimensions, which was overlooked in the first instance, was now found adhering to the trachea just at its division into the two bronchiæ, with which it communicated by a small opening.

I have in a former number of the Repository suggested attention to the difficulty of diagnosis in cynanche laryngea. The same observations which were then made will apply to the case under consideration.

In peripneumonia notha there is a congestive state of the vessels supplying the mucous membrane of the bronchial system, which sometimes terminates in an increased mucous expectoration; and, when fatally, in a secretion of fluid into the air vessels. Symptoms resembling those proceeding from

this disease, may be superinduced by whatever presses on the larger branches of the bronchiæ, and thus partially prevents the passage of the air to its ulterior destination. The great oppression in the chest, and its being felt uniformly throughout that cavity, in such cases, will prevent the patient's mind being directed to the immediate seat of disease by any local pain that may manifest itself.

From a particular desire of obtaining a more accurate diagnosis in these cases, and supposing the stethoscope might add to the means of attaining that end, I was induced to apply it in the present instance. The pulsation, which could be most distinctly heard with the aid of this instrument by an untutored ear, was altogether imperceptible on the application of the hand to the chest.

I may here observe that I had used this instrument in a very few cases prior to this, and the information which it was the means of furnishing has induced me to continue to employ it.

Although it will take much attention and experience, more than perhaps most medical Practitioners have the time to bestow, in order to arrive at that perfect knowledge of its use which is requisite to the obtaining from it accurate information in very obscure cases, yet I am inclined to think, that were the general principles upon which its use is founded more known, it would be employed by almost every Practitioner, and be found a great assistance in procuring an accurate knowledge of the extent of disease actually existing, at the time of employing it, in affections of the organs contained in the chest.

VI.

Case of Puerperal Inflammation. By W. C. Dendy, Esq., Member of the Royal College of Surgeons, and Surgeon to the Royal Universal Infirmary for Diseases of Children.

Mrs. Stephens, of Star Court, Eastcheap, aged 25, a robust, healthy woman, was delivered of her first child after a laborious but not lingering labour. During three days she appeared to be proceeding in a most favourable manner. On the evening of the third day she first complained of indisposition. On the fourth morning the morbid symptoms had increased; the peritoneum was acutely sensible on pressure; the pulse 116, and throbbing; with the other symptoms that mark an aggravated form of puerperal excitement. I abstracted 25 oz. of blood in several vessels, the crassa-

mentum of each portion alike exhibiting evidences of high action. Eight leeches were applied to the abdomen, followed by fomentations. Slight syncope was induced, and the pain in some degree subsided; in less than five hours, however, it returned with increased violence, the carotids pulsating laboriously; the cephalalgia was most distressing; and so great was the cerebral disturbance, that every object appeared to her sight as if it were *covered with blood.* About 30 oz. of blood were taken away, the symptoms again subsided, and the patient became tranquil.

Nausea was produced by small doses of antim. tart., a copious diaphoresis ensued, and the bowels were freely evacuated. In the succeeding night, I was called up to visit her. I found the former symptoms again existing, with temporary delirium, the vivid crimson tinge on the furniture, and even on the countenances of her attendants, creating a sensation of horror in her mind. I drew 20 oz. of blood, which again induced slight syncope, the pain, &c., subsiding as before. The pulse became more tranquil, and about 90; the blood was buffy, and cupped. In the morning, I was not much surprised to find the pain again increasing; I therefore attempted to attack it on its march, and, from a former orifice, obtained 16 oz. of blood, with decided benefit. There was a suspension of the unfavourable symptoms till the evening, when, as the pulse was still of considerable power, the pain approaching, and the cerebral disturbance again somewhat increased, I bled her to the extent of 12 oz. more. The pain now entirely vanished, and she fell into a tranquil slumber. On the following morning, her complaint was the most trifling, and from this time she gradually recovered. I may add, that the lochia were considerably checked during the disease, but the secretion of milk very slightly deficient.

This case, independently of its severity, presented nothing remarkable except the peculiar derangement of vision, which exceeded any thing of a similar kind that I have ever before witnessed. Various are the histories which have been presented to us of the illusions of this sense. We have spectra as varied as "the motes that people the sun-beam," under the designation of "muscæ volitantes," &c. In the case of "suffusio scintillans," related by Mr. Ware, in the Med. Chir. Trans., we have a series of illusive shades, (which in blazing revolutions over the magic circle, might add an intensity of interest even to the incantations of "Der Freischütz,") under the forms of "an obscurity," then a "lucid space,"—next "a yellow flame;" and though last not least, "a fiery veil." The late Dr. Currie, in his interesting account of remitting

ophthalmia in his own person, mentions, that at the acmé of the disease the fire and *candles looked like blood.* The occurrence of these various spectra would lead us, perhaps, to refer them to some floating atoms in the axis of vision, or an increased circulation in the minute vessels of the retina, which might impart a tinge to the ray of light impinging near the spot. On reflection, however, (I offer this rather as a question,) we may be induced to suppose that the cause does not exist *anterior to the retina,* but in the cerebrum or in the nervous fibres. In cases of ophthalmia, where the serous vessels of the cornea are seen distended with red globules, the patients are no further conscious of the suffusion, than to suffer a general obscurity — they see nothing like *linear marks;* and Mr. Ware, after much observation, infers, that small specks on the cornea do not cause muscæ volitantes. There may be just reason, then, to conclude, that the immediate cause of this effect is situated either in the thalami, in the course of the optic nerve, or in its expansion— in the retina itself; and that an undue pressure, or an increased determination of blood, may produce such an excitement in that membrane, as to render it morbidly sensible to external objects.

Mr. Ware believes that muscæ volitantes may be caused by the pressure of small villi between the choroid coat and retina. The disease of Dr. Curry was accompanied by such an extreme sensibility of the retina, that objects were distinctly visible to him in dim twilight; and, in the foregoing case, while the brilliant crimson tint was visible, a *deep fixed pain* was complained of in the *bottom of the orbit.*

6, Great Eastcheap, September, 1824.

VII.

On the Variolous Epidemic recently prevalent in Great Britain and Ireland. By W. N. Ryland, Esq., Member of the Royal College of Surgeons.

The variolous epidemic which prevailed during the last three or four years not only in Great Britain and Ireland, but also in the East, and which immediately succeeded to the epidemic prevalence of fever of the three preceding years, excited an alarm in the minds of the advocates for vaccination, which has scarcely yet subsided. The attention of the Profession was directed to it carefully and dispassionately, to discover its true nature, and the power of vaccination in destroying the susceptibility of receiving it, and

of modifying the effect of the contagion when admitted into the blood.

The conclusion which the greater part of the Profession have formed is, that the variolous contagion, particularly when epidemic, is capable of gaining admittance into the system more than once, whether the patient has been previously vaccinated, inoculated, or has had the disease in a natural way; but that the attack is so much modified as to be in most instances free from danger, and nearly in an equal degree by each of the three modes.

The frequency of second attacks has been quite sufficient to overwhelm all doubt; but there is another opinion which arose during the progress of the epidemic, not so well verified, though supported by the highest authority. I allude to the idea of the small-pox, cow-pox, and chicken-pox, arising from the same contagion, and being essentially one disease, modified by circumstances.

The following cases occurred under my own inspection, and as there could only be the one source of contagion, seem to render probable the existence of chicken-pox as a distinct disease:—

Twenty-six children, of different ages, from a few months to twelve years, and perfectly healthy, with the exception of a case or two of remittent fever, embarked at Calcutta and Madras, on December 25, 1823.

On the 4th of January, 1824, Master James Eede, aged eleven, native of Calcutta, was attacked with nausea and headach, followed by febrile heat of skin. The next day several red tubercles were observed on different parts of his body; the headach and fever had subsided. On the 7th some of them were vesicular; the cuticle on the top being raised into a clear round vesicle, without cells or depression, attended with heat and itching. On the 8th the lymph in the vesicles thickened, and became yellowish in some, while others formed scabs and were drying up: a few remained of the size of the small-pox pustule of the fifth day, and though apparently filled with pus, none exuded on inserting the point of a lancet. This boy, with whom the disease commenced, stated that one of his playfellows had a similar eruption out on him when they parted at Calcutta.

On the forenoon of the 13th, Master E. was attacked with a febrile access, commencing with a slight chill: it assumed the tertian type, and yielded to a few doses of bark, combined with black pepper.

On the 24th of January, Miss K., aged four, was attacked by an eruption precisely similar, corresponding accurately to both varieties of varicella as described by Bateman, as conoidal and vesicular. On some parts there was a clear vesicle, without hardness or redness of the base; in others, it commenced with the red tubercle, on which rose, as before described, the clear vesicle. There was considerable fever for a few hours before the eruption, and the bowels were obstinately costive. When the eruption was fully out, which was on the third day, the fever subsided, and she became lively as usual. On the fifth day the vesicles were at the height, some of them of an irregular shape, flattened at the top, not sunk at the centre, and filled with an opaque yellowish fluid. Some were already beginning to dry, and by the eighth day all were gone. A few pits remained, but in a week or two these wholly disappeared.

On the 10th of February, Miss K.'s brother was attacked with the varicellous eruption. During the week of its continuance we were in a hurricane in the latitude of the Isle of France; though he was, of course, kept below hot and close: the eruption was mild and chiefly vesicular, without fever, and he required no medicine.

The future progress of the disease was similar, except that it was much milder; in most cases unattended with fever, and requiring no medicine. I watched it carefully, and examined the eruption regularly with a magnifying glass, without being able to discern any variety; it would therefore be useless to give a detailed account of each case: it is sufficient to mention, that it gave rise to fresh attacks at intervals of from seven to ten days from each other. It did not seize upon all who were in the same cabin at once; but when one in a cabin got it, the others did not fail to become affected in the course of ten days. It was evident to all, that those children who were most with the one labouring under it received it first.

The later cases, among which were two infants unweaned, were all milder than the early ones; the infants most so. Being all so closely confined in a small space, it is singular the greater part did not receive the contagion at once. It evidently required close contact for some time to communicate it.

The chief characters of it worthy of remark, were its commencement from contagion; the period which the contagious matter lay dormant in the system before it produced its specific effects; the perfect identity of those effects or symptoms, corresponding to the description of Bateman;

its attacking all the children exposed to it, with the exception of two, one of whom was known to have had it before, and the other supposed to have had it.

The dissimilarity between it and variola appears, from its never attacking any of the grown persons exposed to it; never in any one case assuming the appearance of the cellular or depressed pustule of that complaint; never passing beyond the eighth day in its whole course; and not being apparently in the smallest degree affected by vaccination. All the children had distinct marks of vaccination in one or both arms.

I inoculated two or three with it without hastening the attack. Those who were thus inoculated were not even affected in the usual period of ten days.

VIII.

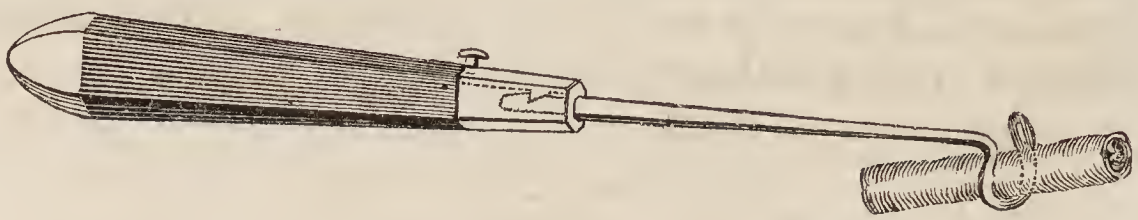
Description of a New Aneurismal Needle. By Thomas Swift Booth, Esq., F.L.S., F.R.C.S., &c.

Every practical Surgeon must be aware of the trouble there is at times in passing the common aneurismal needle round the artery intended to be encircled with a ligature. In the subclavian artery this is nearly impracticable, in the external iliac troublesome, and in deep-seated arteries accomplished with more difficulty than is at first supposed. This induced me to make the following, apparently trifling, alteration in the construction of the needle with which the operation is to be performed.

The needle I have to propose, consists of a handle (which should be roughed in order to give the greater firmness to the hold), and three or four blades, which are moveable, and secured in the handle by means of a spring. The blade, or rather the shank of each, is about three inches in length; and the eye, instead of being at the end of a regular curve, as in the common needle, is placed at the point or farther extremity of the blade, which is first bent, in a lateral direction, at nearly right angles with the shaft, and then curved in the manner shewn in the diagram.

The advantages possessed by this form are the following: 1st. During the time the eye of the needle is passing round the artery, the handle lies in the same direction with the artery; so that the hand of the operator, and the handle of the instrument, are entirely out of the way, and do not prevent either a perfect view of the artery, or the introduction of any

other instrument.—2d. The small space requisite for the needle to turn in: on this account it may be used for tying the subclavian artery, where the common needle is useless, and the silver-shafted one of Mr. Abernethy rather troublesome. As the motion of the eye is at right angles with the handle, and the position of the latter is stationary, the instrument is particularly convenient for passing a ligature round the external iliac, the position of which prevents the use of any instrument, the whole of which moves at right angles with the artery, without considerably distressing the parts.



IX.

Case wherein Poison accidentally swallowed was removed by the Stomach Syringe. By John Evans, Esq., Surgeon, Chepstow.

[To the Editors of the Medical Repository.]

The following case recently came under my observation. The publicity it will obtain in your very valuable and widely circulated Journal, may be conducive to the more general adoption of the means to which I am indebted for its successful issue.

A lady took, by mistake, an ounce of laudanum. The circumstance was immediately discovered, and my attendance requested. Having in my possession one of the stomach pumps introduced into practice by Mr. Jukes, I resolved on its immediate application. Half an hour had elapsed from the time when the poison was swallowed till that at which I reached the patient. The accident occurred at one P.M., and no food having been taken since breakfast, the stomach might consequently be said to have been nearly empty at the time. The friends of the patient had given her before my arrival, with the intention of exciting vomiting, about two tea-spoonsful of flour of mustard in about half a pint of warm water, which had occasioned impeded deglutition, and a burning sensation in the stomach, but it had not fulfilled its intention. Having introduced the tube of the instrument into the stomach, I injected about three pints of warm water; and, by gently moving the piston of the

syringe, withdrew the whole contents of the organ, having a strong smell of laudanum. The mustard, and some remains of the breakfast, were removed at the same time. I continued alternately to throw in warm water and to remove it, until, by the taste and smell, I could discover that nothing but water was withdrawn by the syringe. Upon removing the instrument, the patient expressed herself much relieved. The burning sensation in the stomach was quite gone, and the faculty of deglutition became gradually more easy. I gave her a small glass of warm brandy and water, directing that every half-hour she should take alternately a strong cup of coffee, and a small glass of brandy and water. I also prescribed for her the following draught, which was to be taken every four hours: —

℞ Acidi Citrici, gr. x.
Tinct. Cardamom. C. ℥ij.
Mist. Camphoræ, ℥vj. M.

She experienced much drowsiness, and an uneasy pricking sensation on her skin. She was kept awake until midnight, when she was allowed to sleep: and she awoke at her usual hour in the morning without any unpleasant sensation whatever. In order to prevent constipation, I directed an enema to be administered, which having been repeated without effect, I ordered for her three pills consisting of five grains of the submur. hydrarg., and eight grains of the ext. colocynth. comp. Four hours after the administration of these, a black draught was given. The bowels were copiously relieved, and the patient perfectly recovered.

This is another instance of a valuable life having been saved by means of the stomach syringe. My only object in publishing it is to express my conviction of the great utility of this instrument, and of its most easy application: and I have no hesitation in saying, that no medical Practitioner should be without it.

Chepstow, Monmouthshire, 7th Oct. 1824.

PART II.

ANALYTICAL REVIEW.

I.

Practical Remarks, Part I. On Acute and Chronic Ophthalmia, Ulcers of the Eye, &c. &c.—Part II. On Remittent Fever, viz. Simple and Complicated. By THOMAS O'HALLORAN, M.D., Author of Treatises on the Barcelona and Andalusian Yellow Fever. 8vo. Pp. viii. 148. London. 1824.

THE author of these Remarks has appeared before us on several occasions, and on each of these we have found reason to applaud the enterprise and talent which he displayed, under circumstances requiring both these qualifications in an eminent degree. He now comes before us with the results of an extensive and varied experience in two important diseases — results which deserve to be placed before every Practitioner.

These Remarks are dedicated to an excellent and truly eminent Physician, Dr. Robert Jackson, with a neatness and warmth of feeling that tempts us to do what we have never before done, nor, perhaps, shall do again—namely, to quote a dedication: —

"My dear Sir,—When I retrace our first acquaintance in the West Indies in 1812; our subsequent travels through parts of the Island of Trinidad; and our investigation, in 1820, of the Yellow Fever of Xerez and of Cadiz; — when I recollect that my principal knowledge of the treatment of febrile and other diseases, was derived from your writings and advice when in charge of a sickly regiment at Barbadoes; —I feel that I should be wanting in gratitude were I not to avail myself of this opportunity to make you a public acknowledgment of my obligations.

"With sentiments of the highest esteem, &c. &c."

The FIRST PART of this Treatise is on "*Acute and Chronic Ophthalmia, Ulcers of the Eye, &c.;*" and, in reference to this part, we find in the Preface the following very important information respecting the circumstances which induced the author to adopt the treatment which it is the object of the work to recommend: —

"The writer has treated Ophthalmia in England, Ireland, France, Spain, America, and the West Indies. He pursued the antiphlogistic plan of treatment for a period of twelve years, with a success

far short of what he was taught to expect from depletion in diseases of a purely inflammatory character. He was frequently disappointed, where he had been almost confident of success; and he was particularly chagrined in two instances, where life was endangered from loss of blood, in consequence of aneurismal rupture of the temporal arteries succeeding to abstraction of blood. It was observed in these cases, that, as soon as the patients recovered from long-continued syncope, the turgidness of the blood-vessels of the eye returned;* and the cases were more troublesome, and the cures more protracted, than where blood has been more moderately abstracted. It was also observed, that where no remedial means were employed, the cures were more perfect, and less protracted, than where depletion (and depletion only) was adopted. It was moreover evident, from a review of his own practice, in the course of twelve years, that ophthalmia was aggravated by low diet, total abstinence from wine, &c., depletion, and confinement to bed. It was generally proved in the practice of others, that those Practitioners who had bled most extensively were comparatively the least successful; and, what was less expected, it was clearly established, that the exclusion of light and air was highly injurious. These facts occurred under the writer's observation; and, with the knowledge of these facts, he could not persuade himself that he was proceeding in the right course; he therefore paused, looked out for another path, and finally struck into that which is here submitted to the public."—Pp. v. and vi.

Dr. O'Halloran commences the first part of the volume with "*Practical Remarks on Acute Ophthalmia,*" and offers some just observations on the greater severity of the disease in military than in civil life. "The remedies," he observes, "which produce effect with almost positive certainty in one, and that in a short time, are wholly inefficacious in the other; a circumstance that, with the augmented malignancy under which the disease appears amongst the troops in hot countries, and crowded quarters, has excited the astonishment of many whose walk has been confined to the dispersed inhabitants of cold or temperate climates."

He next proceeds to comment, with a very proper spirit, on

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* This illustrates what we have often observed in the phlegmasiæ, that, when blood-letting was carried so far as to produce syncope, the febrile reaction of the system returned with greater violence than before the blood-letting was had recourse to: hence we frequently observe that, in cases where depletion *to syncope* is made a chief indication, it is oftener had recourse to, and the reaction oftener returns, until the system is rendered incapable of farther exertions of this preservative influence, than when vascular depletion to a judicious extent has been resorted to in the recumbent posture, and other proper means of reducing vascular action have been combined with depletion." — J. C.

those who have not properly estimated the circumstances and difficulties against which the military Surgeon has to contend in the cure of ophthalmia — difficulties which certainly are unknown to the Physician or Surgeon practising in civil life, and in a temperate climate. He describes three varieties of the acute form of the disease, all other forms which it assumes being, in his opinion, dependent on contingent causes, and not on specific peculiarities in the nature of the disease. He is also of opinion, " that notwithstanding dissimilarity of symptoms in the incipient stages of the different varieties, all are no more than modifications or degrees of the same affection, yielding to the same means of cure; and with a tendency to subside spontaneously after a given time, or to terminate in the destruction of the organ, where effective means of counteraction have been neglected."

The three varieties of acute ophthalmia are well described by our author. Without attempting to abridge his description, which indeed does not admit of abridgment, we shall only state that his *first* variety, or the more simple form of the disease, corresponds with that which we most frequently observe in this country in civil life. The *second* variety is more complicated than the first. A villous flocculence, and sometimes a thickening, approaching to granulation, in the upper eye-lid, is almost synchronous with the increase of the lachrymal fluid, which first attracts the patient's attention: this fluid soon becomes acrid and irritating, and the lower eye-lids villous and prominent. The Meïbomian glands become diseased and enlarged, and the lower eye-lid tumefied and hardened. The *third* variety is more complicated than the foregoing, and is that usually termed *purulent*.

Dr. O'Halloran states that nothing can be more erroneous, than the opinion that purulent ophthalmia is always connected with, or occasioned by gonorrhœal discharges. He has seen more than one hundred cases where no venereal taint existed.

For a more particular account of the varieties insisted on by the author, we must refer to the work itself.

" Although the first variety was occasionally simple in the outset, it at times changed its aspect, and assumed an alarming character. The second variety had different modes of attack, and assumed different modes of proceeding in its subsequent course. It was treacherous in the extreme, and liable to recur under conditions apparently prosperous. The third variety generally observed a regular course; the discharge was removed within a short time from the date of admission by remedial means, and the progress towards convalescence was generally rapid and certain.

" *Cure of Acute Ophthalmia.* — It was before remarked, that I considered the varieties which have been here briefly sketched, as

modifications of one and the same disease; and that the discharge, which constitutes the diagnostic mark, and varies according to the modifications of action, is merely symptomatic of the different degrees of one malady. Upon this principle, the plan of cure which had been adopted in the first form, was extended to the others; and I may say, without hazarding a risk of contradiction, with a success unequalled in southern latitudes."—P. 11.

"The plan of cure adopted and pursued was as follows:—The patient, on admission, was confined to bed in a large and well-ventilated ward, from which light was not excluded (I conceive that the exclusion of air and light, as is the custom in the treatment of this disease, is often attended with lamentable consequences, always with injury.) He was placed on the spoon scale of diet, purged with calomel and colocynth, and afterwards with salts. The state of the eye-lids, whether the disease was of the purulent kind or not, was attended to. The upper eye-lids were examined; and whatever the appearance might be, whether villous, thickened, &c., bluestone in substance was rubbed over the surface, for a longer or shorter time, according to the condition of the membrane. If the eye-lids were thickened, as was often the case, or in a state which oculists call 'granulated,' as occurred sometimes, the passing of the bluestone over the surface was continued for a considerable time: if the appearance was only villous, a superficial and short application was sufficient. The application of bluestone to the surface of the everted eye-lid is attended with acute pain, and on one occasion has produced syncope; but the benefit which resulted, and which results in a short time, is far superior to what has been derived from any remedy hitherto recommended for the cure of this form of disease. Persons who are acquainted with the effects of bluestone on ulcers, &c., will probably revolt at the idea of touching the eye with a substance so irritating: but when they consider that its use has not in any one case been attended with danger, during an extensive application of it in the treatment of this disease; that, on the contrary, it has been uniformly followed by benefit; and that the discharge, whether purulent or otherwise, has been changed in its nature, suspended or suppressed in a few hours; the irritability, pain, and disagreeable sensations mitigated or removed, soon after the application,—they cannot well refuse to give it a trial. The author confidently affirms it to have, in his hands, proved a remedy greatly superior to any other hitherto employed. In this case he speaks with confidence, as justified in his opinion by experience, on an extensive scale, in the acute as well as the chronic stages of the malady. It is comparatively safe and little troublesome, and it is seldom followed by ulcers or other bad consequences. Let the application of bluestone to the upper eye-lids, and not unfrequently to the lower, be followed by fomentations, repeated four or five times in the twenty-four hours. If vision had been impaired, an alteration for the better in that respect will generally be observed on the second day; the discharge, if great and attended with nictitation, will be changed in quality, and much

diminished in quantity; the heaviness and pain will be lessened, if not entirely removed, in so much that the patient proclaims himself in a state of comparative happiness. A change for the better having been thus effected in a few hours, and danger in such instances obviated, it will be well, if the application of the remedy had been only superficial and transient on the first day, to repeat it on the second; but if it had been severe, and if the slough adheres to the lining membrane, as often happens where there is great debility of the parts from over-distension of the vessels, it will be well to instil a solution of lunar caustic into the eye in the morning, in the proportion of ten grains to an ounce of water, and to repeat the fomentations as on the preceding day. A solution of lunar caustic, of the above strength, is an excellent remedy in this disease. It may be used at all periods, and, next to the bluestone, claims a preference to all others. Its action, when resorted to at an early period, tends to change and lessen the discharge, and to remove the pain and irritability, without causing any of those unpleasant symptoms which some have attributed to its use. It is certainly a remedy of great value, and may, in slight cases, or where the patient is averse from the application of blue stone, be depended upon as efficient means of cure. As an auxiliary in a severe or protracted disease, it ought never to be omitted."—P. 11—14.

"On the second day I usually give a purge of the magnes. sulph., and occasionally repeat the lunar caustic drops in the evening, or touch the lower eye-lids slightly with bluestone; after which fomentations are again employed. On the third day, the blue stone or caustic drops are repeated, and fomentations applied to the eyes."—P. 15.

We have here given, without abridgment, the treatment which our author recommends. He concludes this part of his subject with stating that, by adopting it, the condition of the eye-lids called "granular" will be prevented, relapses will be fewer than where the antiphlogistic plan is pursued, "and ulcers, so common where copious bleeding is employed, will seldom appear." "I am thoroughly persuaded," he observes, "that ophthalmia, in its native form, is a disease of less danger, in so far as regards the safety of the eye, than is generally supposed, provided the patient be placed in a *healthy situation to which air and light have free access.*"

Chap. II. *Practical Remarks on Chronic Ophthalmia.*—Dr. O'Halloran states his belief that, in all cases of acute ophthalmia, the action of the arteries is inordinately increased, while that of the veins is stationary or diminished; and that upon the relative degrees of action in both depends the nature of the discharge;—a watery discharge being produced where the action of the arteries is moderately excited, with or without a corresponding change in the action of the veins; a purulent

discharge being the consequence of an inordinate increase of arterial action, with a corresponding defect in the action of the veins. In chronic ophthalmia, on the other hand, he conceives that, although a state of activity exists in the trunks of the arteries, "the blood is torpid in its motion in the minute branches; whilst a near approach to stagnation takes place in the veins, external as well as internal. In this case, as well as in the former, viz. the acute, the discharge of fluid from the eye is considerable."

"If we apply caustic or bluestone to the upper or under eye-lids in the chronic ophthalmia so as to produce a slough, the vessels, being destitute of power, are unable to throw it off in less than from three to six days; whilst, in the acute stage, where the arteries are possessed of high action, the same quantity of slough is ordinarily removed in one night. This is a fact of practical importance. It furnishes us with the means of ascertaining whether the case before us be of the acute or chronic character; and no injury can result from the experiment, for bluestone is equally serviceable in both stages." — P. 27.

With respect to granulations in ophthalmia, concerning which so much has recently been said, Dr. O'Halloran considers himself warranted in altogether denying their existence in this disease. He asserts that the appearances which have given origin to the conjecture — for he says that it is nothing more — are simply enlargements of a fungous nature from the glands and vessels, and entirely different from the granulations met with on ulcerated surfaces. We conceive that there is much truth in this; and that, however much the disease may alter the appearances of the part which is their seat, they cannot be considered to be entirely similar to those which are related with the production of pus and the filling up of a breach or loss of substance. Respecting the cure of this state of disease, the author gives these directions: —

"Whenever the disease of the eye-lids resisted the means of cure which have been recommended for the removal of the acute stage, or, in other words, assumed a protracted course, the upper eye-lids became thickened and diseased; and as long as the disease in the upper eye-lids existed, so long were the marks of inflammation observable on the ball of the eye and inferior eye-lids.

"For the cure of the thickened state of the eye-lids, commonly denominated 'granular,' it will be necessary to apply bluestone in substance daily, provided the irritation produced by it is of temporary duration; but should it occasion unusual pain, *which rarely happens*, it will be proper to instil, on the following day, a solution of lunar caustic into the eye, of the strength of ten grains to an ounce of water, and to foment three or four times in the twenty-four hours. Where bluestone disagrees (which is seldom the case),

and the fomentations are unavailing in allaying irritation, or the lunar caustic drops possess but little efficacy against the disease of the eye-lids, recourse may be had to lunar caustic in substance, which, when *slightly* rubbed over the internal surface of the upper or lower eye-lids, frequently removes the irritation, and sometimes even cures the disease.

"The most efficacious remedies, in a general sense, will sometimes fail in individual cases, and it is necessary to caution the young Practitioner on this head. He must consider that several causes, constitutional as well as atmospherical, &c., will sometimes interpose so as to counteract the effects of his applications; and he must, moreover, know, that, in certain habits of body, time, an attention to constitutional derangements, and a change of air and climate, will effect in a few days what medicine has failed to accomplish. There are periods, as I before remarked, when active remedies should not be applied, and that period appears to be principally when lymphous effusion is about to take place on the cornea; when, in consequence of the very great irritation which accompanies that process, we ought simply to bathe the eyes in hot or cold water, and attend to the state of the bowels. After the irritation subsides, which generally happens before the termination of two days, in those cases in which it arises from effusion, it will be necessary to have recourse to the sulph. cup. and caustic solution, in order that an impression may be speedily made, so as to prevent a recurrence of the morbid changes, which, as they may be expected in these cases, should be guarded against, as far as our means and skill permit.

"When the eye-lids bleed from the application of the bluestone, caustic in substance, &c., these applications should be discontinued, and the solutions, as before recommended, substituted." —Pp. 32—35.

When a spongy state of the lower eye-lid remains after chronic ophthalmia, Dr. O'Halloran recommends for its removal slight applications of lunar caustic, or the use of the bluestone, severely rubbed on, so as to excite a degree of inflammatory action: but he has found mere change of diet, and of air from hospital to barracks, productive of a cure, in cases where medicine was of little avail. As to the recurrence of ophthalmia, the following observation is very just: —

"It has been asserted by oculists, who have paid considerable attention to the state of the eye-lids in this disease, that if the 'granulated state,' as it is called, be removed, relapses rarely occur. This is not the case in reality; for, however perfect the cure of the eye-lids may be, relapses frequently take place; but the disease appears to me to be more tractable when the lids are properly attended to. Eyes once inflamed are liable to be re-affected upon exposure to the original cause; and, under such exposure, second attacks are common, whatever may be the state of the eye-lids." —P. 36.

We must refer our readers to the work for the author's opinions on various other points connected with his subject, and for his criticisms on the opinions of Mr. Travers.

Dr. O'Halloran's "*Practical Remarks on Ulcers of the Eye, and on Lymphous Effusion,*" (CHAP. III.), are in unison with the principles of cure already sketched. When ulceration makes its appearance, he recommends the patient to be removed to a pure air and well-ventilated apartment; and to be allowed, after the third or fourth day, to wear a veil over his eyes. He considers the practice of keeping the patient in a dark apartment productive of much evil.

"When ulcers appear on the globe of the eye, whether the effect of recent or chronic disease, they are remediable through the means now alluded to. They seldom or never appear, except where the upper eye-lids are implicated; and, whatever might have been the duration of the disease, in addition to the slight application of caustic to the ulcer itself, I conceived that the use of bluestone to the eye-lids was necessary; and I have the satisfaction to say, that the good effect was generally evident in less than twenty-four hours. On the next day, whatever might be the state of the ulcer, I dropped a strong solution of caustic into the eye, and repeated it in the evening. Under the alternate use of the sulph. cup. and solut. nit. argent. (viz. ten or twenty grains to the ounce of water), if the air of the ward was pure, the diet proper, and the state of the bowels well regulated, the ulcers generally healed in a given time. If, however, the ulcers do not yield to the remedies recommended, but continue obstinate after the disease is removed from the eye-lids, the eye itself, as influenced by the ulcer, being watery, red, and irritable, I apply the lunar caustic in substance lightly, either to the lower or upper lids; and this application, although sometimes hurtful when extensively used in cases of constitutional irritability, is generally useful by removing irritation, and inducing a favourable change in the condition of the sore. Where caustic agrees, that is, does not irritate to excess, the cure is within our command; the application may be continued daily until health be restored. If, however, the bluestone, caustic in substance, and caustic solution, do not afford the relief expected, a watery discharge being kept up by the irritation of the ulcer, I have ventured to divide the conjunctiva over the distended trunk or trunks of the vessels which communicate with the ulcer; and when the blood ceases to flow, and after having syringed the eye well with warm water, I apply a pointed piece of caustic to the exposed vessels. This being done, warm water is again injected into the eye, and fomentations are subsequently employed during the course of the day. The operation of dividing the conjunctiva over the distended trunk of the vessel is frequently attended with trouble, in consequence of the irritable state of the organ; but the cases are few in which it cannot be effected with the aid of Pellier's elevator."—Pp. 51—53.

For the author's remarks on lymphous effusion we must refer our readers to the work itself, which we cordially recommend to their attention.

The Second Part of the volume — on Remittent Fever — we reserve until a future occasion, when we intend to enter fully into the subject of Fever, in its various forms, &c.

II.

Appendix to the Fourth Edition of M. Richerand's Physiology. By James Copland, M. D., Lecturer on Physiology, Pathology, and Therapeutics; Consulting Physician to Queen Charlotte's Lying-in Hospital; Physician to the Royal Universal Infirmary for Children; and Member of the Royal College of Physicians, London, &c. &c. 1824.*

As no notice of the present Appendix, in the form of review, has been taken by the Editors of the Repository, from reasons well understood, and as it embraces subjects very interesting and important, connected with physiology, the readers of that valuable and widely-circulated Journal will, I hope, not consider it impertinent in my offering a few remarks upon the Notes contained in that Appendix. [J. D.]

M. Richerand's Work on Physiology has been before the public ever since the year 1801; and the best proof of its value consists in its having now gone through *five* editions. It was first translated into English by Dr. De Lys, in 1812; since which it has been universally read by the members of the Profession in this country. Independently of the *Appendix* attached to the present edition, Dr. Copland has illustrated various parts of the work by copious and interesting notes, from the perusal of which the reader will derive much valuable information.

The Appendix is divided into two chapters; the first consists of physiological remarks on various subjects connected with the phenomena of life in man and other animals; and the second treats of the "Chemical Constitution of the Solids and Fluids of the Human Body."

The first subject which comes under discussion is *Life*. Philosophers have much differed in opinion respecting the causes of the phenomena manifested by living bodies. This

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* This article was sent us by an able Correspondent to this Journal.—Edit.

difference of opinion is not of modern date; for we find it to have prevailed among the ancients, as well as among modern physiologists and philosophers. This point can only be decided by analogy; and the foundation of this analogy should be Nature, or matter in general. When the subject is considered in relation with this broad basis, it will be found that the difference in *opinion* is not so great as that in *words*. Those who admit of a vital principle go a step beyond those who maintain that life depends upon the organization; but the latter must admit the existence of some power to form the organization, before it can manifest vital phenomena. Now, if the organization can exist independent of life, it is evident, first, that they are not identical; and, secondly, that the latter does not depend upon the former, because the effect must be always allied with its causes: if, then, life depended upon the organization, it could never cease to exist as long as that organization itself exists. Again, how could the organization *begin* to exist? We cannot do better than make use of Dr. C.'s own words respecting this question: —

"Those who contend that life is the result of organization, ought to explain in what manner the organization itself took place; they should shew the means employed to produce the disposition of parts, which they conceive requisite to give rise to vital phenomena. If they deny the primary influence of a vital power, associated with the particles of matter, let them explain by what other agency the different atoms can assume organic actions. All effects must have a cause; and it is better to assign one according to which difficulties may be accounted for, than to contend for the efficiency of properties or powers, of the existence of which we have no evidence, and which, even granting them to exist, can only be considered as inferior agents, or certain manifestations of a vital principle."

Even if we admit that every atom of matter entering into the constitution of the body is endowed with vital properties inherent in itself, we shall still find the same difficulty of accounting for the phenomena connected with living bodies; for, if every atom contained an independent portion of life, capable of preserving its identity in every form, without the assistance of the other parts, it might be expected that the body would continue to manifest vital functions, independently of the effects of external causes, as long as the organization retained its natural form. In fact, in whichever way we examine the doctrines of the organists, we shall find them deficient in explaining the formation and phenomena of living bodies.

Matter is eternally undergoing changes in the form of its existence; and we find that its different qualities, properties, and phenomena, depend upon the number and relative propor-

tions of its constituent elements: thus, copper differs from iron, heat differs from light, heat and light differ from the electric fluid, and each of these differs from the magnetic property of the loadstone. These are substances, or certain forms of matter, endowed with acknowledged properties, which are proved from the sensible phenomena which they exhibit, in combination with matter in a visible form. That the properties supposed to be connected with these inferred substances are not dependent upon the sensible matter through which they are manifested, is proved, from its not always exhibiting the same phenomena, and from the properties themselves being transferrible from one tangible object to another. As these are recognized properties connected with recognized forms of matter, we have a right to demand the same admission with respect to the properties of life, as it requires the acknowledgment of only one more form of insensible existence, modified differently from those already acknowledged, and consequently adapted for the production of different effects, in combination with objects of sense, to account for the peculiar constitutions of living bodies, and for the peculiar phenomena resulting from these bodies in their vital state. To attribute the formation and vital movements of the body to "occult qualities, impulses, and motions," without connecting these properties with some existent principle, does not in the least degree explain by what means the body is originally formed, its identity preserved, or its motions sustained.

The organists appear to take the effect for the cause, by supposing the *phenomena* of life to be life itself. It would appear that the immediate property of life is an affinity for certain forms of matter, so as to give existence to the structure; and that the property of life and structure combined is the production of vital movements, by which means the phenomena of life become allied with our senses. As life is the first principle, the organization must be determined by it, and must be dependent upon it. To shew this point more clearly, I beg leave to draw the attention of the reader to the following remarks of Dr. Copland: —

"From these and many other considerations that may be adduced, we conclude that life is a first principle in nature; that it exists in various degrees of energy, and in diversified conditions and forms, throughout her domains; and that these diversified states of vital existence are continued, as far as the operation of extraneous causes will admit, by a specific process, which gives rise to the production of similar beings by means of ova and germs."

"*Of the Nervous System in the Lower Animals.*" — In the

present note, Dr. Copland speaks of the different forms of nervous systems observable in animals of the lower orders, beginning with the polypus; and draws a comparison between the appearance and functions of this system in animals of different orders.

It is generally acknowledged that animals of the lowest order possess nervous properties; but phenomena analogous with those dependent upon nerves are connected with some vegetables. The sensitive plant is an instance of this kind. The drooping of the leaves of this plant when merely touched with the finger, indicates sensibility similar to that depending upon nervous tissue. It is not only the leaf which is touched that droops, but the impulse appears to extend step by step, till all the leaves on the branch which first received the impression fall down and envelope that branch. Something like muscular contraction also is manifested in this phenomenon. Effects similar to these are produced by the action of light and heat on certain leaves and flowers which close towards evening; but the sensitive power with which these are endowed is inferior in degree to that connected with the mimosæ.

"*Of the Primary Solids and Compound Textures of the Body.*" — Dr. C. thinks that "the primary solids, or rather the elementary fibres of the human body, and of the higher classes of animals, cannot be considered, with propriety, to be more than three — the *cellular* or *laminar*, the *muscular*, and the *nervous*." Having spoken of these elementary fibres in a compound form, as they constitute the different tissues and organs of the body, he proceeds to form a classification of the animal solids, beginning with them in their simplest state, and following them up to their most complex relations, as they exist in the constitution of the different organs.

"*Of Sensibility and Contractility.*" — *Sensibility* appears to be a property of the nerves alone, or of some substance modified so as to perform functions similar to those of the nerves; but *perceptibility* appears to be a property of the brain. Animals which are devoid of brains are nevertheless endowed with sensibility, which they manifest under the impression of stimuli, in the indication of pain, &c.; but they denote no signs of perception and will. An amputated limb, also, and a muscle detached from the body, shew symptoms of sensibility when excited, for some time after they are apparently dead.

Dr. Copland appears to confine this property to animals alone;* but it may be extended, perhaps, with propriety to a

* Our able reviewer may have perceived that we contend for *two* kinds of sensibility — 1st, the one which has been termed by Bichat *organic sensibility*, and which is common to all animals, and

part of the vegetable kingdom also. Independently of the phenomena connected with some species of mimosæ, as has been already observed, we cannot well account for the movements of the sap in the vessels of vegetables, without attributing to these vessels a degree of sensibility to the impression of their contents. This sensibility is analogous to that depending upon the nerves of the automatic organs in animals. Its effect is *contractility*. But it is doubtful whether both depend upon precisely the same principle, or whether a chain of movements takes place towards a particular centre, and back again to the seat which was excited. Some would perhaps call this property *irritability;* but if this term should be applied to it, it must be extended to that of the ganglionic system of nerves in animals also, as the property appears to be of the same kind, only differently modified in each. The term *irritability* conveys very undefined ideas. It perhaps appertains more properly to the relation of any external excitant with the chemico-vital department of the body. The effect of this relation constitutes *irritation*, or a disarrangement of elements in this department, and consequent inflammation in most seats in animals.

The same term, *sensibility*, is equally applicable to the properties of the nerves of the brain and spinal marrow in animals. The immediate effect of the sensibility of these nerves, when related with an external object, is *sensation;* but sensation appears to be a property quite distinct from *perception*. Perception is constituted of sensation already formed by the properties of sensibility, combined with those of an external object, forming an alliance with other properties connected with the brain. Contractility, as connected with this system, is a property of the fibres of the voluntary muscles, depending upon the nerves which supply them with the power of motion.

The chain of sensation, dependent on the encephalic and spinal nerves, appears to extend from their extremities to a centre, and back again to their extremities; but it is a ques-

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extends through, perhaps, some vegetables, until it gradually merges into, or, at least, can hardly be distinguished from, irritability; and, 2d, the *sensibility of consciousness*, or *perceptibility*, which may be also called the function of sensation: this latter is met with only in such members of the animal kingdom as possess a distinct nervous system, and in the more perfect of them it presents various modes of existence. It is this latter kind of sensibility which we have particularly limited: it is very difficult to say how far the former may extend; however, many of the phenomena which some may be disposed to attribute, in the vegetable kingdom, to a species of organic sensibility, others may, with greater reason, impute to the irritability with which the vessels of plants are endowed. — Edit.

tion whether a return of the impression can take place without first producing perception; or, in other words, whether the centre of sensation is in the seat of perception? In the application of stimuli to detached muscles, there can be no regular chain of sensation passing through a centre; but it is probable that, in these cases, the relation of the stimulus is equally with the nerves of motion, as well as those of sensation, conferring upon them properties similar to what they possessed when united with the rest of the system.

"*Of Sympathy.*" — Dr. C. arranges the sympathies "into the *reflex* and *direct* — the former arising through the instrumentality of the sensorium; the latter taking place independently of it, through the means of the ganglial nerves, and chiefly of those which are distributed to the blood-vessels, and which form communicating chords between the viscera."

The annotator's remarks on this subject are very interesting; but as they are delivered in the form of aphorisms, the reader is particularly requested to refer to the note, as any thing which might be said here would not do justice to them.

"*Of Habit.*" — Dr. C., in this note, draws a distinction between the effects of habit on the organs of automatic life, and those which are subservient to the will; and he illustrates his remarks by the circumstance that "the stimulus which excites the action of the sensorium produces a much less intense effect by repetition; but the repeated employment of the same food, or of the same purgative, does not materially less excite the action of the viscera, to which they are respectively applied," &c.

"*Of Inflammation.*" — Dr. C. considers "inflammation to be the result of a morbidly excited state of the ganglial nerves supplying the capillaries of the affected part, or a derangement arising from the unnaturally exalted condition of these nerves, on which the functions of the capillaries depend." He then inquires "whether this exalted or excited state of these nervous fibrillæ is one of simple excitement or not — whether the natural functions of these fibrillæ be merely increased above their healthy or ordinary pitch — or whether they are otherwise changed?" and he arrives at the conclusion, that, in inflammation, "the functions or influence of these nerves are not only simply increased, but also increased differently from what we observe in a healthy part, from the application of a stimulus, both as respects duration and kind of action."

The first character of inflammation is *pain*, when the seat of the disease is connected with the brain by encephalic or spinal nerves. When the spinal marrow of animals is divided where

it emerges from the skull, and respiration kept up by artificial means, the animal is insensible to pain when any part of the body is irritated or injured; but although the principal nerves going to a limb be divided, so as to destroy every perception of objects which had a previous relation with the brain through the medium of the nerves of that part, yet all the characters of inflammation, pain excepted, may be produced in that limb by the application of stimuli. It must follow, then, that inflammation depends upon some principle which does not owe its existence to the brain. Phenomena analogous to those of inflammation are observable in vegetables, where there appears to be no centre of sensibility. When an injury is inflicted on the bark, the seat of the injury indicates signs of excitement, and it throws out discharges, and, ultimately, permanent excrescences and protuberances. It would appear, therefore, that the phenomena of inflammation, excluding pain, which is constituted partly of cerebral properties, depends upon a principle common to animals and vegetables — upon that principle which gives the power of sensibility and activity to their vessels. As every tissue is dependent for its formation, preservation, and nourishment, on the vessels which pervade it; and as the vessels themselves must have required a principle endowed with sensibility, activity, and elective affinity, to bring together their organic elements, — this principle, common to animals and vegetables in different states of modification, must be the first in the body, or, rather, it must have existed previously to the body and to the vessels in which it resides. It is by no means probable, however, that the ganglial system of nerves is the sole seat of this principle; as its properties, in a certain state of modification, may be inferred in the animal fluids, from the different conditions and alliances of these fluids in the living and dead body; but it is a question whether the fluids and the rest of the solids do not receive the principle of sensibility, from a relation subsisting between them and the fibrillæ of the ganglial nerves pervading the coats of the vessels. The strongest proof against this supposition consists in this principle having a prior existence to the nervous, or any other tissue in the body.

Dr. C. next inquires into the immediate causes of the different phenomena of inflammation, viz. *pain, redness,* and *increased heat.* The note altogether abounds with information both useful and interesting.

"*Of the Ganglial, or Great Sympathetic System of Nerves.*"*

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* See a Note, in our MISCELLANEOUS INTELLIGENCE, addressed to the Editor of "Anderson's Quarterly Journal of Medicine." — J. C.

— Dr. C.'s remarks on this subject are most important, as they embrace the principle on which the preceding Note, on Inflammation, is founded. His object is to prove that the ganglionic system of nerves is entirely distinct in function from that of the cerebral and spinal nerves; and that it is this system which confers the power of automatic motion on the heart and arteries, as well as on the alimentary tube. The arguments in favour of this opinion are strong and convincing, independently of the *fact* that the branches of these nerves have been traced, along the coats of the blood-vessels, to the extremities of the body. The lowest orders of animals are supplied with no nerves but the ganglial, and the phenomena connected with these animals denote little more than physical movements; but, "as we ascend in the scale of creation, another class of nerves is superadded, namely, the encephalic, with which the ganglial nerves are connected;" and animals in these degrees manifest phenomena resulting from will.

Properties similar to those connected with the ganglial nerves may be inferred in vegetables, from the phenomena of the circulation of their sap, of their nutrition, absorption, and secretion; but whether any thing like nervous fibrillæ exist in vegetables, or whether their physical movements depend upon the organic life universally pervading them, is uncertain.

"*The Effects of long-protracted Abstinence.*" — This is one of the greatest miseries to which human nature can be subjected. Dr. C. quotes two melancholy cases of this nature, where abstinence was persisted in till death relieved the miserable subjects of it from their torments.

"*Of Digestion.*" — Dr. C. is, I believe justly, of opinion that the merely *chemical* properties of the gastric and intestinal juices are not sufficient to convert the food into chyle; but that the process of digestion depends *chiefly* upon *vital* properties "with which the stomach and intestines are endowed." It is probable that the first step towards the vitalization of the food takes place in the stomach, from the combination of the aliment with vital properties exhaled or secreted from the surface of that organ; and that the nutrient principle becomes modified and more highly vitalized in its course through the intestines.

Dr. C. then proceeds to treat of the influence of the pneumogastric nerves in digestion; of the structure and functions of the liver and spleen; of the functions of the intestines and kidneys; and of absorption. His remarks are very important; but as they cannot be justly exposed to view in this slight sketch, the reader must be referred to the notes themselves.

(*To be concluded in our next.*)

PART III.

ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND SURGICAL SCIENCE AND LITERATURE.

I.

Tableaux des Maladies observées à l'Hôtel-Dieu, dans les Salles de Cliniques de M. le Professeur Récamier, pendant le Cours du Premier Trimestre, et pendant le Deuxième Trimestre, de 1824. Par L. MARTINET. Revue Médicale, &c. Avril et Juillet, 1824.

Reports of Diseases observed at the Hôtel-Dieu, in the Clinical Wards of Professor Récamier, during the First and Second Three Months of 1824. By L. MARTINET, &c.

(*Continued from page* 333.)

A FATAL case of *variola* occurred in the male ward in the month of February. The patient died on the eighth day of the eruption, after experiencing violent cephalalgia and delirium. *On dissection,* the arachnoid covering the superior parts of the hemispheres of the brain was opaque, thickened, and of a milky colour; the pia mater was injected. The rectum was covered with varioloid pustules. The mucous membrane of the bronchiæ was red, and strewed with small white pustules, depressed at their centres, of a varioloid form, and as if placed upon the mucous membrane without affecting its tissue, as is observed with respect to the false membranes of the pleura. Upon wiping the mucous tissue, the whole of this eruption was removed.

In a case of *paralysis* affecting only the faculty of motion of both hands and feet, which seemingly occurred after exposure to cold and moisture, galvanism was administered, by M. Andrieux. The fluid was directed along the vertebral column and the arms and hands. A very sensible relief was the result; and fifteen days after entering on the trial of the remedy slight feebleness of the hands only remained.

The most important cases which occurred during the month of *March* were, one of *laryngitis,* and one of *cholera morbus.* The former supervened in the course of peripneumony, and suffocated the patient. *On dissection,* a false membrane was

found covering the larynx, trachea, and large ramifications of the bronchiæ. The latter disease supervened suddenly in a healthy man in the vigour of his age, and terminated fatally in forty-eight hours, twelve of which were passed in extreme agony. Professor Récamier could detect, on dissection, slight redness of only a small portion of the ilium; the duodenum and other intestines were sound. Professor R. was much at a loss to account for the immediate cause of the patient's death. In order, however, to do so, he states his belief that cholera morbus is of a nature tending to annihilate life. This we will not dispute. The case is important, inasmuch as it shews the fallacy of an opinion which has been recently much insisted on, namely, that, where pain exists, inflammation must be its cause.

We now arrive at M. Martinet's Report of Diseases which occurred during the second quarter of 1824, in the clinical wards of Professor Récamier. Instead of giving a monthly statement of the number of cases treated, with a more particular account of the more interesting cases, as in the former report, he places before us at once the whole of the cases for the three months, and afterwards proceeds to the more particular details. We shall, for the purpose of comprising as much of this Report as we can within our limits, give it in the form of an abridged translation: —

"The male wards having been shut, during the months of May and June, for the purpose of repair, the number of patients admitted during this quarter was much less than during preceding quarters.

"There does not appear to have been, during this period, any prevailing disorder; and if we except the cases of peripneumonia, which were almost exclusively male patients, during the month of April, no organ seemed to be attacked in a particular manner. The acute diseases were nearly in the same proportion as the chronic, (fifty of the former, and forty-eight of the latter,) and the rate of mortality was nearly equal in both: eleven patients died of acute disorders, and ten in chronic diseases.

"TABLE OF DISEASES.

Intermittent fever	1	Brought forward	8
Low nervous fever	1	Pulmonary catarrh	12
Inflammation of the cerebellum	1	Peripneumonia	12
Softening of the brain	2	Asthma	1
Hydatid of the brain	1	Phthisis	3
Epilepsy	1	Diseases of the heart	5
Paraplegia	1	Catarrhal fever	4
		Gastritis and gastro-enteritis	6
Carry forward	8	Carry forward	51

" TABLE OF DISEASES — *Continued.*

Brought forward	51	Brought forward	66
Cancers of the stomach and rectum	2	Angina	1
Icterus	4	Cutaneous phlegmasiæ	5
Hepatic tumour	1	Rheumatism	12
Cystitis, with scirrhus of the prostate	1	Slight affections, not designated	11
Metritis	4	Total	95
Cancers of the uterus	3		

" The diseases of the brain were all so excessively severe and of such a nature, that no advantage was expected from the best-directed treatment.

" The subject of the hydatid in the brain died suddenly on the second day after his admission into the hospital: he presented, during this short period, no symptom which could lead to the suspicion of cerebral disease. On *dissection*, an hydatid (acephalocyste) was found inclosed in the substance of the posterior lobe of the right hemisphere. It presented itself to sight when the brain was viewed at its inferior surface, owing to its having ruptured, to the extent of nearly an inch, the envelope which separated it from the surrounding cerebral substance, as well as this substance itself. The laceration of the cerebral matter was in the same situation as that of the envelope of the hydatid which it inclosed; and the lacerated portion offered no trace of softening or of any other alteration whatever. The hydatid was formed of a thin, transparent, and consistent membrane; it was perfectly round and of the size of a large hen's egg, and contained a serous liquid, slightly clouded. M. Laennec ascertained it to belong to the genus acephalocyst. This hydatid was covered besides by a second envelope furnished by the cerebral substance, excepting at the point where this substance was torn through. This last membrane, which seemed to be formed at the expense of the medullary substance, was smooth and polished on its internal surface, which was contiguous to the hydatid: its external aspect, which adhered to the brain, could be detached without rupturing it; this surface was much less smooth than the other, and was not moistened as it was. This envelope was of a white colour, entirely opaque, and resembled the membrane enveloping the white of an egg. It was easily washed without being torn. The subject of this case experienced frequent pains of the head, and disorder of this organ resembling the vertigo observed in sheep.

" The next case of encephalic disease consisted of a chronic inflammation of the cerebellum, with destruction of a large portion of the right lobe of this organ, and purulent infiltration into its structure. There existed besides an abscess in the centre of the same lobe, extending to the petrous portion of the temporal bone. Notwithstanding the extent of this derangement of structure, this

patient, who had been long affected with otorrhœa (purulent discharge from the ear), presented no marked symptom of cerebral disease: he attended to his occupations, and paid but little attention to the discharge proceeding from his right ear. During the dissection, Professor Récamier directed attention to the circumstances, that a gentle stream of water directed over the disorganized cerebral substance, which was covered with pus, brought into view a multitude of small red points — an evident sign of inflammation of the cerebral pulp; that the pus, infiltrated in greater or less quantity into the cerebral structure, was very evident to the sight, and that it was impossible to be mistaken as to its nature; and, lastly, that the aspect of the cerebellum was altogether different from that remarked in simple softening of this organ, a case of which occurred a few days preceding this. This case of softening of the brain occurred in a girl of seventeen years of age, and was quickly fatal. A peculiarity deserving notice was observed in this subject, which may be considered merely as a matter of coincidence; this was the existence of two cysts, of the size of nuts, in the ovarium, opposite to the side where the inflammation of the cerebellum was seated.

"Professor Récamier, whilst comparing the appearances observed in this case with those found in a female that died, about the same age as the foregoing, of softening of the brain, offered it as his opinion that this lesion ought to be attributed to a cause entirely different from inflammation, and which consists, according to him, of an alteration of the nutrition of the organ. The brain, however, is not the only organ that is liable to it; the heart, the stomach, the liver, and the bones, are also the seat of the same kind of derangement.

"*The treatment* which he considers applicable to this lesion is very different from what is required in the phlegmasiæ. It is to tonics, both fixed and diffusible, and to derivatives, that recourse ought to be had. Disorganization must be prevented; and, for this purpose, the energies of life must be increased by every proper means.

"Affections of the chest were chiefly chronic; the pulmonary catarrhs were all of this kind, and existed chiefly in subjects advanced in age. M. Récamier treated the greater number of them with tonics, demulcents, &c. Only one patient was blooded. They all recovered.

"The cases of peripneumonia were all very severe: six cases out of the twelve died. Blood-letting constituted the chief treatment: leeching was also adopted, and the bleeding promoted by cupping. Vesication was employed in some cases with advantage. Amongst the fatal cases, two, occurring in females, presented the not unusual complication of peripneumonia and disease of the heart: in the one case was found constriction of the right auriculo-ventricular orifice, with ossification of the mitral valve; and, moreover, a violet-red colour of the mucous surface of the stomach. In the second case, the left auriculo-ventricular orifice was equally narrowed, and the tricuspid valve was semi-cartilaginous. The

mucous surface of the stomach was red at several points, and ulcerated in one place to the extent of a two-franc piece. Of the other four fatal cases, two entered the hospital almost on the eve of dissolution; the remaining two had the lungs hepatized, passed to a state of suppuration, and covered by recently-formed pseudo-membranes, with a sero-purulent effusion into the pleura. The symptoms offered nothing unusual.

"The case of asthma occurred in a man aged sixty-six years. He had been complaining for a long time of great dyspnœa; and two days before his admission into the hospital it was very much increased. This case was selected for the trial of the effects of galvanism in this disease. When the use of this agent was begun, the asthmatic disorder was in its full force, but before the first essay was over the respiration became free. Galvanism was continued in this case every second day, and at the end of twelve applications of this agent the patient was perfectly cured of his dyspnœa. He ran up a stair of fifty steps with quickness and facility, and without being at all oppressed."

(*To be continued.*)

II.

Mémoire sur l'Inflammation des Nerfs. Par L. MARTINET, M.D. (Revue Médicale, Juin, 1824.)

M. MARTINET remarks, at the commencement of his excellent memoir, that all the diseases of nerves are not equally frequent. The disorder commonly called *neuralgia*, and which seems to proceed from a change in the sensibility of the medullary pulp, is not unusually met with; others, on the contrary, depending upon alterations of the neurilema, as inflammations, erosions, tumours, &c., are much more rare. M. Martinet considers the neurilema to be the only part of the nerve where the existence of inflammation can be demonstrated; the included pulp being from its nature unsusceptible, or at least incapable, of betraying the lesion to which the term inflammation is usually applied. He also conceives that neuralgia, properly so called, or tic douloureux, is not only a pathological condition of the medullary substance of the nerve, but also such a condition as has no tendency to be converted into inflammation; and that when inflammation takes place in the neurilema, it gives rise to symptoms very different, in essential particulars, from those constituting neuralgia.

M. Martinet, having stated these and other preliminary observations, next adduces several very interesting cases, in which inflammation of nerves was met with on dissection, or otherwise distinctly evinced. We proceed to place brief abstracts of these cases before our readers.

Case 1*st* is incomplete, in as far as the exact state of the nerve was not verified by dissection: there could, however, be no doubt as to its nature. Great pain was felt in the course of the cubital nerve, which acquired a very great augmentation of its size, and resembled a chord extended along the arm. The pain was without intermission, shewing its inflammatory nature, and continued for four months. Holding the arm in warm water gave relief. The *second Case* is likewise incomplete: it, however, deserves perusal. It resembles the first.

Case 3*d.*—The patient complained of pain of the arm, extending from its upper part to the extremities of the three first fingers, with a sense of formication in these latter parts. The pain was continued, but received accessions of severity towards evening and during the night. On examining with the hand the condition of the pained part, the radical nerve could be felt at the middle and internal part of the triceps, as if stretched, and much larger than that of the opposite side. Upon pressure at this place the pain was propagated to the joints of the fingers. There was no redness of the surface, and no tumidity. The pulse was strong and frequent. Leeches were applied in the course of the nerve, and afterwards an emollient cataplasm with laudanum. On the ninth day pressure did not materially increase the pain, and at the end of a fortnight the patient was perfectly cured.

Case 4*th.*—Violent pain was felt in the internal part of the arm, and the anterior of the fore-arm of both sides, extending along the median nerves, to the points of the fingers. The pain subsided, but paralysis took its place. Continued blisters removed the paralytic condition; but as soon as the blistered parts were healed, pain, followed by loss of motion, again supervened. Severe pain also manifested itself in the left sciatic nerve, which was promptly followed by paralysis of the thigh:—

"*On dissection,* the median nerve, at its separation from the other branches of the brachial plexus, was of a dark red colour for the space of two inches. This colour existed in the interior as well as exterior of the nerve. A similar redness, but a little less marked, occupied the interior and exterior of the anterior branch of the seventh cervical branch, which contributes to form the median nerve. The radial, cubital, and internal and external cutaneous nerves were natural. The right sciatic nerve was enveloped in a quantity of gangrenous cellular tissue, and for the space of two inches and a half at its superior part was of a brownish red colour, affecting all the substance of the nerve, without having changed either its volume or its consistence. It may be remarked that the gangrene, extending far below this portion of diseased nerve, had in

no respect changed the appearance of the part of the nerve which it surrounded, and consequently that the colour of the nerve could not be also owing to the gangrene which affected a great part of the thigh. The affection of the nerve also was anterior to the appearance of gangrenous disease. All the other nerves of the thigh were natural."

"*Case 5th.*—A refractory conscript, of an athletic constitution, after a long race, fell into the hands of the *gendarmes*, covered with perspiration, and in a state of wild agitation. On the third day afterwards he could not sustain himself on his limbs. Violent pains were felt in the hinder parts of his thighs, in the course of the sciatic nerves. The least motion increased the pain so as to cause him to cry out. Pneumonia supervened, and the patient died on the eighth day from the accession of the pain of the thighs.

"*Dissection.*—The lungs were hepatized. The muscles of the thigh were natural, but the sciatic nerve of each side was as thick as the forefinger, and very firm; each of the fibres composing it was quite distinct to the unassisted eye. Its fibriles were separated one from another by a sanguino-serous liquid, infiltrated in the cellular tissue uniting them: they were also penetrated by a number of blood-vessels which gave the nerve a dark-red colour. The right sciatic nerve was more profoundly altered, and to a greater extent, than the left. The branches proceeding from them were not diseased.

Case 6th.—A man, aged sixty-eight years, was admitted into the Hôtel-Dieu, in January 1817, for various symptoms referrible to abdominal phlegmasia, and an affection of the encephalon. On the 19th February pain suddenly supervened in the left ischiatic region, extending along the posterior part of the thigh, as far as its inferior third. A blister applied on the part where the pain was most acute, increased it. On the second day twelve leeches were applied. The cephalic and abdominal symptoms were increasing. On the fourth day a second application of leeches was made; but the patient died on the morrow, the fifth day after the invasion of the sciatica.

"*Dissection, thirty-six hours after death.*—Besides extensive inflammation of the arachnoïd, and several abscesses in the abdomen, the following alteration was observed in the sciatic nerve:—Healthy at its origin, it became red at its exit from the pelvis; pus was diffused between the fibriles composing it; the surrounding cellular tissue was also penetrated by pus. This alteration of the sciatic nerve was about three inches in length. The nerve of the opposite side was healthy."

(*To be concluded in our next.*)

III.

Compte rendu de la Pratique Chirurgicale de l'Hôtel-Dieu de Lyon, pendant six Années. Par L. JANSON, Chirurgien en Chef, &c. Decembre, 1823.

Report of the Surgical Practice in the Hôtel-Dieu of Lyon, during six Years, &c.

WE shall merely refer to those parts of this interesting report which seem to us to be most important. Of these we shall endeavour to give as concise an abstract as may be consistent with the author's meaning.

1*st. Of Inflammation in general,* he remarks, that of all the classes of diseases which occur in hospitals, even in the surgical wards, inflammations are the most frequent. Here we meet with those of the skin in spring, with those of the gastro-intestinal mucous surface in autumn, with pulmonary catarrh in winter, and with ophthalmia at all seasons. "It is," he observes, "in large hospitals that we possess facilities to the study of inflammation in all its forms, and in all the tissues which it affects; and it is there that we are enabled to follow all its phases and periods, and to compare its various modes of termination." This is a candid admission of the opportunities of improvement with which hospital surgeons are blessed, and doubtless they are turned to the very best purposes, as far as they are themselves concerned.

2*d. Glandular Swellings.* — M. Janson considers that the doctrine of M. Broussais may advantageously extend to surgical diseases; and that his experience has shewn the beneficial application of it to the treatment of glandular engorgements. The application of leeches, bathing, diluents, alteratives, aperients, and regimen, are the means which, conformably with this doctrine, he has employed; and we believe they differ but little from those which have usually been adopted in this country before the opinions of M. Broussais were promulgated.

3*d. White Swellings of the Joints.* — Our author has found the means already alluded to more serviceable in this disease than the use of blisters, moxas, cauteries, &c., which was formerly recommended in it. He informs us, that from five to six hundred cases of this description come annually before him, and that his inferences have, consequently, been derived from sufficient experience. The treatment which he adopts consists of the repeated application of leeches, absolute repose, and a

suitable apparatus for the purpose of preserving the articular surfaces in a favourable position, &c.

4*th. Rheumatism, &c.*—From ninety to a hundred cases of acute rheumatism have occurred yearly in the hospital. He gives us no information respecting the treatment which has been usually employed. With respect to chemosis, glossitis, panaris, inflammations and contusions of the feet, toes, or ancles, and bruises of the limbs, he counsels, in preference to the application of leeches, the adoption of venesection from the angular, the ranine, salvatella, or saphæna veins, or from the nearest vein to the injured or contused parts. This mode of evacuation possesses, he thinks, three indisputable advantages over the application of leeches: 1st, venous disgorgement is directly produced by it; 2d, the quantity of blood, and its state, may be correctly ascertained by it; and, 3dly, it does not increase the local irritation. We entirely agree with our author, and consider that the recommendation of the older Physicians to open the vein nearest to the local disorder has been too much neglected by our modern Practitioners. Cupping has been too much in vogue amongst us, and we are fully convinced that it has been frequently prescribed when this species of venesection ought to have had the preference. The Practitioner who considers from what set of vessels the blood is abstracted in both operations, will be able in practice to direct, in an appropriate manner, the use of either the one or the other. It is much easier to act than to think correctly in medicine; the former may become a habit — a thing suggests itself, and it is done because we have seen it done, and done it frequently, under circumstances somewhat similar to the present — we become, at last, accustomed to do it, and for no other reason than that we have done it formerly — the reason is comparatively passive in the act; but to think, and particularly to think well, before we act, is to examine not only the relations of the circumstances under which we act, but also the nature and mode of action of the instruments or means which we adopt;—the one method of proceeding is gross empiricism, the other is rational practice.

5th. *Variola.*—"Scarcely a year passes," observes our author, "without the occurrence of small-pox in surgical patients. During the preceding six months from thirty to thirty-five cases occurred; nearly all of them were confluent, yet not a single case terminated fatally. In several cases we remarked that nothing appeared so efficacious in facilitating the eruption, and in moderating the eruptive fever, as the application of warm cataplasms, renewed twice or thrice a day, around the feet and legs; and that, towards the second

stage, the application of leeches to the neck was most beneficial in preventing the serious consequences which are so often observed at this epoch of the disease." The following case is interesting: —

"Jean Pinel, aged twenty-nine, entered the hospital, on the 23d October, 1823, for a chronic abscess on the neck. On the third day the precursory symptoms of small-pox declared themselves; the eruption became general and confluent. Cephalalgia having become excessive, leeches were applied to the neck; but the hæmorrhage from the bites could not be arrested until the actual cautery was employed. The loss of blood was so great that the patient, on the following day, was in a state of alarming depression — he was pale, speechless, and pulseless. The pustules were sunk and collapsed, and his extremities were cold. A few spoonsful of claret were given him and some soup; and sinapisms were applied to his superior extremities, and cataplasms to the inferior ones, in order to recall, if possible, the cutaneous eruption. The vital energy was restored by degrees, and the patient perfectly recovered. But, with the exception of a very small number of pustules on the face, and on the back of the right hand, which went through their usual course, all the rest terminated by resolution the most complete."

6th. *Amaurosis.* — 7th. *Paralysis.* — Our author's observations on the former do not require a particular notice; as to the latter subject, he observes that all the cases were traumatic, or consequences of injury or commotion of the brain. After depletion, by means of the lancet and leeches, he recommends the use of *lavemens* with the emetic wine (antimonial wine). He has found this latter mode of treatment most efficacious in removing the stupor attendant on cases of this description; and has observed numerous instances of patients remaining in a comatose state until the sixth or seventh day, without being roused from it until this means was carried to a considerable length. However, the paralysis often does not become declared until after the complete cessation of the other symptoms of commotion: and sometimes, on the contrary, the cerebral commotion is accompanied with a convulsive state of the voluntary muscles.

Of the Use of Strychnine. — When the paralysis seems to put on an essential character, and it is difficult to arrive at its predisponent or efficient cause, M. Janson considers that this substance may be tried. He has given it, under such circumstances, in several cases with advantage.

8th. *Bronchocele.* — M. Janson has almost constantly experienced success from the ointment of the hydriodate of potass in this affection. At first he employed the tincture of the iodine internally; but the irritating effects produced by it on

the stomach and bowels obliged him to relinquish its use. In some cases, especially when there was an inflammatory tendency in the tumour, M. Janson commenced the treatment with the application of leeches, and afterwards continued to apply to it, during a few days, emollient cataplasms, which were followed by the use of the ointment, twice a day.

(*To be concluded in our next.*)

IV.

Observations Anatomiques relatives à la Structure de la Trachée, Artère des Bronches, et de leurs Divisions. Par M. Cruveilhier, M.D. &c. Bulletins de l'Athénée de Médecine de Paris. Juin, 1824.

We shall endeavour to place a full abstract of the author's interesting observations before our readers, and to do so as much as possible in his own words:—

"Wherefore are the cartilaginous rings of the trachea replaced behind by a membrane? It is, say some, in order to facilitate the dilatation of the œsophagus; but this opinion is evidently erroneous, because the trachea and œsophagus are moveable in all directions, and if the œsophagus could not dilate forwards, it might dilate itself in the direction of both its sides. The structure of the trachea of certain animals, as that of the bullock and sheep, prove moreover this fact. Indeed, it may be remarked, that the cartilaginous rings terminate behind in an acute angle, in the form of the hearts on playing cards. The membranous part exists *within* this angle, which is not very yielding, considering the thinness of the cartilages behind the membranous part. The structure of this membranous part essentially consists of transverse muscular fibres, the use of which is evidently to bring together the extremities of the rings, and consequently to diminish the diameter of the trachea. As a proof that such is their office, the extent of the membranous parts is according to the degree of constriction of the trachea requisite to the different modulations of voice. Man, in whom the voice presents so extensive a scale of tone, has a trachea with a large membranous part supplying the place where the cartilaginous rings terminate. In the bullock the rings terminate behind by two convex extremities, which are generally broader than in the rest of the cylinder. The membranous structure is placed within this posterior part of the cylinder, nearly at the same relative distance from its anterior concavity as in man. The portion of the rings prolonged behind the membranous part is much thinner and softer than that before it, so that they may be easily applied closely to each other, and thus permit the trachea to be narrowed, although much less than in man. Assuming the diameter of the trachea to be six, it may be constricted to four in man, and to five in the bullock.

" In attempting to determine the structure and uses of the longitudinal projecting lines perceptible on the membranous portion of the trachea, I observed that these lines are formed of fasciculi of fibres, which I considered at first to be muscular, but which are evidently albugineous. These fibres line the whole cavity of the trachea, and are disposed, in an uniform manner, on all the cartilaginous part, whilst they form small fasciculi towards the membranous portion, imparting to it greater solidity, and facilitating the transverse foldings of the mucous surface. This fibrous membrane, intimately united to the mucous tunic on one part, and to the cartilaginous rings on the other, forms, by becoming thicker, fibrous rings separating the cartilaginous rings, but occupying only their posterior or inner aspect, the rest of the interval between the cartilaginous rings being filled by a white adispose tissue, hitherto little known, and which covers, anteriorly, another very thin layer of fibrous tissue, that appears to be the perichondrium extended from the first to the last of these rings. This adipose tissue, which in animals occupies the same space, is placed behind the transverse membrane.

The fibrous membrane lining the cavity of the trachea is very elastic, and imparts much solidity to it, especially in its divisions.

" *Structure of the Bronchiæ.* — The bronchiæ present the same structure as the trachea; but the bronchial ramifications offer some remarkable peculiarities. Here, indeed, there is more of the membranous part, but the cylindrical form is complete: the cartilaginous rings are replaced by segments of circles of several lines in breadth at their middle part, forming very nearly the third of the circumference of the cylinder. Each segment terminates in an allongated point, which is continuous with, or passes into fibrous tissue. Sometimes two adjoining rings are united at their middle portions. The rings are so disposed, that the one glides within the other, and they move with so great facility, that a slight pressure of the fingers causes a diminution of one half of the diameter of each cylinder. The albugineous longitudinal fibres, disposed in fasciculi, extend to the farthest extremities of the bronchial conduits, and support the fibro-cartilaginous segments: if this support is removed by dividing the fibres, the extremities of the segments project into the interior of the cylinder. A muscular membrane, consisting of circular fibres, also occupy the interior of the cylinders. May not this structure be viewed as a perfect apparatus of motion, and may it not be concluded that, were it possible for the eye to observe its operation during life, the bronchial conduits would be found to contract themselves to one half of their diameter, or even nearly to their entire obliteration, when exposed to chemical or other physical influences of an irritating nature.

" *The Lungs.* — At the margin of each division, the cartilaginous segments of the bronchiæ assume a particular form, so that the two fibro-cartilaginous laminæ unite in order to form a very acute angle,— a conformation the most suitable for dividing the inspired column of

air. The fibro-cartilaginous plate which corresponds to the continuation of the bronchial conduit, is larger than that which belongs to the branch given off from it. The cartilaginous rings soon disappear; but this species of mechanism at the bronchial divisions continues to the entrance into a lobule. That part of the bronchial canal deprived of cartilaginous rings is very considerable, and is solely composed of the mucous membrane, of the fibrous fasciculi, and of circular muscular fibres. The bronchiæ and their divisions are united, by a loose laminar tissue, to the venous and arterial vessels, to the nerves, and to the pulmonary lobules belonging to these parts.

" On isolating the bronchial lobules in a small lung which I had submitted to a very fine injection, I had occasion to observe their relations, and to remark that those of the superficies come in contact at their adjoining margins, leaving also intervals between them, which are filled with other lobules. The lymphatic vessels are distributed in the cellular line interposed between these lobules. The blood-vessels begin not to be superficial until at the part where the cartilaginous rings disappear, and then they assume the tortuous disposition observable in the extremities of all the vessels. Respiration, or rather its offices, seem to be executed as well in this situation as in the vesicles of the lobules. These lobules are composed of vessels excessively delicate and minutely divided, and sustained by a very fine laminar tissue. The pneumo-gastric nerves proceed exclusively to the muscular tunic."*

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* Since this memoir reached us, we have dissected several lungs, and on some occasions with the aid of the microscope, in order to satisfy ourselves respecting M. Cruveilhier's accuracy as to various points, which have been disputed, connected with the intimate structure of this organ. A few positions may still admit of doubt; but, upon the whole, we are satisfied with the information M. C. has given us, although it does not in every respect agree with our own observations. The points of difference will be referred to on a future occasion.

PART IV.

MONTHLY COLLECTION

OF

MEDICAL FACTS AND OBSERVATIONS.

Pathological Anatomy.

Case of Double Uterus.

Mr. West lately presented to the *Académie Royale de Chirurgie*, a uterus divided into two portions by a membraneous septum. The woman from whom the preparation was taken, was pregnant of a male child, which had become developed in the left half of the womb.—*Archives Générales de Médecine, &c. Juillet*, 1823.

Pathology.

Memoir on the Pathological Anatomy of the Peritoneum. By M. Scoutetten, M.D., attached to the Military Hospital of Toulouse, &c.

(*Continued from p.* 338 *of the preceding Number.*)

§ II. Lesions of the Peritoneum proceeding from Chronic Inflammation.

Chronic inflammation of the peritoneum is frequently the consequence of an acute state of the disease, imperfectly treated. It may, however, become developed in a slow and insensible manner, offering no acute or violent symptom, and advancing almost without the knowledge of the patient. This second form of chronic inflammation is generally denominated *primary chronic inflammation*. These two sources of chronic peritonitis give rise to different alterations of tissue. I shall describe those resulting from both the one and the other, in a detailed manner, because in general they are but little known, and many of them even have not been before pointed out.

1. *Alterations of the Peritoneum, occasioned by Chronic Inflammation supervening on the Acute.*

The lesions which present themselves after this species of chronic inflammation of the peritoneum are very various. They depend chiefly on the duration of the disease, and the organization of the patient. On opening the body of a subject who has died in consequence of peritonitis, of from fifty to sixty days' duration, the abdomen is found filled with a greater or less quantity of a whitish fluid, sometimes resembling curdled milk; numerous false membranes unite the greater part of the intestines to each other; sometimes they form a sort of envelope surrounding both the omentum and intestines. These false membranes very frequently form partial sacs, in which is found included a quantity of fluid, the characters of which vary very often, according to the situation or points at which it is examined. If the false membranes are detached, it will be seen that the portions of the peritoneum which they cover, have not so red a colour as in cases of acute inflammation: sometimes, indeed, the peritoneum is scarcely coloured. In this variety of peritonitis, fluid rarely accumulates in so large a quantity as to distend the abdominal parietes: it even is observed, in subjects of a dry constitution, that the peritoneum has secreted almost no fluid. When this is the case the false membranes are less abundant, and much thinner, and the intestines, although glued together, are only united by means of adhesions which the inflammation had caused them to contract, and not through the medium of albuminous layers.

In some subjects of a lymphatic temperament, a considerable quantity of a yellowish limpid serosity, without a single clot, is generally found in the abdo-

men at the particular epoch of the disease of which I am now speaking; and not a single trace of false membrane is observed in the peritoneum: it is, however, thickened and reddened, presenting a number of blood-vessels, which are very visible owing to the dilatation which they have experienced. The omentum often acquires much thickness (sometimes as much as that of the finger), and its appearance is red and fleshy. Frequently some transparent hydatiform vesicles are contained in its substance. Notwithstanding this change of the epiploon, a part of the membranes composing it may be separated from each other; and in the place where the separation has been made, it will be observed that the separated surfaces are granulated, and that they present small granulations resembling those which are seen when the substance of the liver is torn asunder. These two forms of chronic peritonitis are but little painful: abdominal pressure is easily borne by the patients. They only complain of a feeling of weight, and frequently of the obstinate constipation which troubles them.

When peritonitis has continued for several months, and when it exists in a patient of a sanguineo-lymphatic temperament, lesions of a very remarkable nature are frequently met with. The abdominal parietes are not at all elevated by liquid effusion, but are united to the intestines, which themselves are covered by the omentum. This latter part is spread out, appearing as if stretched, and descending frequently as far as the pelvis, where it sometimes contracts very firm adhesions. It (the omentum) is studded with a number of whitish tubercles, of various sizes, surrounded with blood-vessels more or less developed. Its surface is, however, often glossy and dry, but sometimes it is somewhat slimy: the peritoneum covering the abdominal parietes adheres to it rarely. The intestines beneath the omentum very frequently adhere to each other, owing to the immediate union or gluing of the inflamed peritoneal tunic; at other times, through the medium of the interposed false membranes. The whitish tubercles which I am about to describe, may exist both on the intestines and on the mesentery, but they are generally present there in the smallest numbers.

When these tubercles are forming, small whitish points may be perceived on the peritoneum, more distinctly to the touch than to the eye; the blood-vessels are very much developed, and proceed from the tubercles, radiating in a very elegant manner. These tubercles soon become more numerous and larger, until they approach each other and coalesce. Their size often exceeds that of a large pea: they are of a very firm consistence when their formation is commencing; they then adhere very tenaciously to the peritoneum, and often cannot be removed from it without tearing this membrane; but in proportion as they increase in size, the albuminous matter, of which they are formed, softens until it resembles pus; they then can be easily detached from the peritoneum. When this is done, it may be perceived that the texture of this membrane has not experienced a very profound alteration, as Bayle had formerly remarked. This albuminous matter, after being softened, again assumes a firm consistence; and on one occasion I have found it transformed into a calcareous substance. When this form of chronic peritonitis is prolonged beyond three or four months, the intervals of the membrane between the tubercles become obscurely red, sometimes passing to a bluish colour, or even to black, and contrasting, in a singular manner, with the whitish appearance of the tubercles: thus the peritoneum has, at first sight, some resemblance to certain varieties of granite. Sometimes, the tubercular buds remaining very small and very firm, and assuming a whitish and very glossy appearance, the peritoneal intervals themselves becoming very firm, very white, and very glossy, a very singular pearly aspect is thus given to the peritoneum. Appearances of this description are represented in the anatomical cabinets of the School of Medicine of Paris. These different tubercular productions have been a source of error to many individuals but little versed in pathological anatomy, who have considered them to be an internal eruption occasioned by some concealed constitutional vice; and who, seizing inconsiderately the rude resemblance existing between this species of morbid structure and the variolous pustules, have believed that the varioloid virus may have been thrown upon the peritoneum, and have produced this kind of eruption. It is by no means necessary to enter into deep discussion in order to shew the slender basis on which this opinion rests. It will be sufficient to attend to the circumstances connected

with the development of peritoneal tubercles, in order to be convinced of the little analogy existing between them and the pustules of small-pox. It has, however, been established, that true pustules are not developed on the peritoneum, but simply minute collections of albuminous matter, varying much in form, consistence, and disposition, and undergoing, besides, changes which have no relation to the pustules of small-pox.

When the peritoneum presents the form of lesion now pointed out, there is generally only found a very small quantity of fluid in the abdomen. The colour of what is met with is very various; but more frequently it is greyish, brownish, sometimes nearly black; and, rarely, a few albuminous clots or flocculi are found in it.

Certain individuals, who have been also affected with chronic peritonitis during three or four months, present alterations of structure far different from those already described. The abdominal parietes are distended with a tolerably abundant collection of serum. The intestines are squeezed together. Sometimes they adhere slightly to each other: they are pushed towards the vertebral column, where they seem as if clustered. All the peritoneum is thickened and papillous. It offers a greyish and lardaceous appearance; and it often presents bloody striæ, and a number of red spots, which seem to be formed by extravasated blood: sometimes also this fluid is diffused into the substance of the inflamed peritoneum, and forms ecchymoses of various dimensions. In this species of alteration various sorts of deep furrows, or broad but superficial erosions, may be seen in the diseased peritoneum.

I have already said that the fluid inclosed in the peritoneum is considerable in quantity, in the form of peritonitis just now described; but the characters of the liquid are very varied. Frequently it is yellowish, and tolerably limpid; at other times it is greyish, brownish, or sanguineous; sometimes also it seems to consist entirely of blood. When this last is the case, it constitutes what has been designated by the name of *hæmorrhagic peritonitis*. Generally this effusion of blood takes place suddenly, and is occasioned by the rupture of some small vessels, the tunics of which have been destroyed by the superficial erosions of which I have just now made mention: hence the part of the membrane whence the blood is poured forth may be often recognised.

Some well-marked symptoms indicate hæmorrhage into the cavity of the peritoneum: thus, when the patient whose peritonitis has not been accompanied with much pain, experiences suddenly an acute pain in the interior of the abdomen; if this pain persists during a certain time, and is attended with acceleration of pulse and aggravation of all the symptoms depending on the circulation; and if, these symptoms ceasing in a sudden manner, the pulse becomes feeble and slow, the skin cold and colourless, the traits of the countenance collapsed; and if the patient say that he feels an agreeable warmth in the abdomen, as if warm water was pouring into this cavity,—we may then assure ourselves that internal hæmorrhage is going on, and that life will cease in a short time. Sometimes the symptoms last mentioned are present alone, and the acute pain which I mentioned is not present. I have seen many instances of this description, and in each has the diagnostic been verified by the dissection.

When the abdominal cavity of the subject of hæmorrhagic peritonitis is opened, about twenty-four hours after death, there escapes, in the first place, a sanguineous serosity, the quantity of which varies greatly, then well-formed coagula are seen adhering to the most depending parts of the peritoneum. The size of the coagula varies: I have seen them nearly as large as the hand. Sometimes there is only one coagulum, and when this is the case, it is generally found in the pelvic cavity; but in the greater number of instances coagula are numerous, and scattered over several portions of peritoneum. They are sometimes also decomposed: they are then chiefly formed of fibrine, the colouring particles of the blood having forsaken them, and become mixed with the serum, to which they have communicated a red colour.

Primary Ulcers.—This termination of chronic peritonitis but very rarely takes place. If the patient is not much exhausted, he will continue to live, until the disease of the peritoneum proceeds deeper and deeper; then the slight erosions, such as have been already noticed, become more and more profound, and converted into true ulcers, which may extend and destroy the whole mem-

brane, and even the subjacent tissue. M. Portal * saw a man who, after having experienced some pain in the lumbar region, presented, on opening the body, several ulcers covered by pus, situated in the peritoneum, anterior to the lumbar vertebræ and the kidneys. The same author quotes Bonnet and Paw as having opened subjects in which the peritoneum seemed eaten with ulceration in a great part of its extent. I found, in 1820, the peritoneum covering the diaphragmatic surface of the liver ulcerated to the extent of two inches. am of opinion that this species of ulceration of the peritoneum ought to be designated *primary ulceration*, in order to distinguish it from another species which will soon come under consideration. The kind of ulceration which I am now considering is not confined to the peritoneum ; it may also destroy the subjacent textures. I have even seen a patient who, after having evinced the most evident symptoms of peritonitis, had the abdominal parietes perforated near the umbilicus, by an ulcer which had indubitably commenced in the corresponding point of the peritoneum. The fluid contained in the abdominal cavity escaped externally through the opening thus formed, presenting a whitish colour and a purulent consistence.

Consecutive Ulcers. — Ulcers of the peritoneum do not commence on the free surface of this membrane only ; they may also be the consequence of ulceration primarily developed in the mucous surface of the intestines. I consider that ulcers attacking the peritoneum in this manner ought to be named *consecutive ulcers*. This species of lesion is much more frequent than the former, and is met with in several subjects who have suffered chronic gastro-enteritis, with ulceration of the inflamed mucous surface.

Nothing precise can be stated respecting the size and form of the consecutive ulcers of the peritoneum ; they vary, in these particulars, exceedingly : they not only destroy the portion of peritoneum in which they are at first developed, but they proceed much farther, and produce most extensive derangement of structure. On opening the body of a patient who had died of this form of chronic peritonitis, I found a number of consecutive ulcers : they had destroyed many parts of the omentum, and had even eroded several portions of the peritoneum applied behind the abdominal muscles. It was easy to perceive, in this case, that the disease had followed the course which I have just now pointed out ; for the most recent ulcerations extended only to a limited point of the intestine ; whilst those which were farther advanced had occasioned inflammation and adhesion of the omentum to the ulcerated portion of the intestine ; and the omentum itself, having thus become inflamed and ulcerated, became also the medium of the adhesion of the intestinal peritoneum to the abdominal parietes. The result of this derangement was that the matters contained in the intestines could not be effused into the abdominal cavity, because the openings were always kept closed owing to the successive adhesions of different portions of the peritoneum. Another remarkable fact connected with this particular case was, that a disorder so extensive in every respect was not attended with any acute pain. M. Broussais, who was present at the opening of this subject, was also surprised at seeing lesions so extensive but imperfectly evinced by symptoms during the life of the patient.

These pathological facts are of the highest importance : they ought to prove to Practitioners that pain is not always the inseparable companion of inflammations ; and that to be unwilling to admit the existence of such disorders, without the presence of this symptom, is to expose one's self to the danger of falling into a number of serious errors. If it were not that I must limit myself to my subject, I would strenuously insist upon this topic ; because it is still the refuge of a great number of Practitioners, who, not caring to open many bodies, and, consequently, losing the opportunity of comparing organic lesions, with the phenomena observed during the patient's life, fall into this fatal error, mistaking the nature of such affections, and employing, for their removal, remedies the most opposite to those which ought to be adopted.

The disorders occasioned by chronic peritonitis may be carried so far that it will be quite impossible to ascertain the disposition of the intestines. In this case, when the abdomen is opened, the intestines are found conglomerated into

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* Anatomie Médicale, Tome V. p. 126.

a mass, ordinarily placed in the middle of the cavity, and completely detached from the abdominal parietes. This globular, brownish-coloured, sometimes almost black, mass, is surrounded with a reddish or black serum, the quantity of which is not always sufficient to elevate the abdominal parietes. The peritoneum is so degenerated, that it is impossible to separate the intestines; indeed, their existence seems almost to be a matter of doubt, until, on cutting the mass, their open orifices allow the fæcal matters contained in them to escape. These derangements of the peritoneum supervene chiefly in subjects of a dry habit of body; but they are not announced, during the life of the patient, by any particular phenomenon on which we can rely as diagnostic.

Gangrene.—Gangrene of the serous membrane may also occur in chronic peritonitis. It is chiefly met with in individuals who have also had coexistent inflammation of the mucous coat of the intestines. The peritoneum is never found in a state of gangrene throughout its whole extent: it is only in parts more or less extensive that gangrene occurs, forming eschars; which may be recognized by their greyish slate-colour, or black aspect. When the gangrened portions are touched, they are torn with the greatest facility, and give out a tainted odour. The surface of the eschars is frequently found covered by a greyish, dirty, and unadhering matter, which seems to arise from decomposition being commenced in the parts deprived of life. The eschars are not always limited to the peritoneum: they may extend much deeper, destroying all the intestinal tunics, or the great omentum; or even attacking the abdominal parietes, when it is in the peritoneum of this region that they are formed. Many persons regard as gangrene of the peritoneum certain brownish or dark-coloured degenerations of this membrane, which are only vices of nutrition proceeding from chronic irritation. In order not to be deceived, we should inquire whether the appearances which I have assigned to gangrene of the peritoneum be actually present: if the black or brown parts be friable—if they give out a tainted odour, we may then believe that it is gangrene of the peritoneum. On the contrary, if the tissue offer some resistance—if it gives out no gangrenous odour—if the peritoneum be changed in colour throughout its whole extent—we may be sure that gangrene does not exist. The vices of nutrition productive of a dark colour of the peritoneum are very frequent consequences of chronic peritonitis; nothing is more common than to observe a violet, brown, or black colour, occasioned by irritation of long standing.

Cartilaginous Thickening.—Although the peritoneum is uncommonly thin in its natural state, it may, nevertheless, acquire, as a consequence of inflammation, a thickness and consistence so great as to resemble cartilage. The recorded observations of many authors leave no doubt of this fact. I have also met with this alteration, which, however, cannot be considered more extraordinary than a cartilaginous condition of the pleura, except that it is much less known, because less frequently observed, than the similar alteration of the pleura. Sandifort,* Portal,† and Cruveilhier,‡ have recorded several cases in which the peritoneum had become cartilaginous.

The peritoneum may also present a change not less remarkable than the foregoing; it may be *ossified*. Of this there are some cases on record. M. de Leus met with a calcareous concretion, the size of a hen's egg, attached to the extremity of the great omentum. Many instances may be referred to, in which tophaceous concretions have been said to have been found in the substance of the peritoneum; but I think that they cannot be considered as ossifications of the peritoneal membrane. They are probably nothing else than the result of the conversion, into a calcareous substance, of the tuberculous matter of which I have recently made mention.

Scirrhus of the peritoneum may also result from chronic irritation. This species of degeneration, however, presents various modifications of structure: sometimes it is the lardaceous tissue, at other times the cerebriform, or it is even a variety of melanosis, which is nothing else than the extravasation of a greater or less quantity of blood, that becomes intimately diffused or infiltrated through the textures, as M. Breschet has shewn. These scirrhous degenerations

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* Observat. Anat. Pathol. † Anatomie Médicale.

‡ Essai sur l'Anatomie Pathologique.

of the peritoneum may sometimes, owing to their size and situation, render the diagnostic a matter of difficulty. A very curious case, illustrative of this, lately occurred at the *Hôtel-Dieu*. A man presented himself with a tumour, of the size of the closed hand, situated in the middle and superior part of the abdomen. Its motion was sensible, and perfectly corresponding with the arterial pulsations: it could be pressed without exciting acute pain. The patient ascribed the origin of the tumour to a blow received on the abdomen, eighteen months previously. These circumstances led many to suppose it to be aneurism of the aorta, or of the cœliac trunk. Some time after his admission into the hospital he died; and, on opening the body, the great epiploon was found rolled back upon itself, hard, and scirrhous, forming a mass about the size already mentioned, and placed before the cœliac trunk, which had communicated the motions which it presented during life.

Scirrhous degeneration may take place in any part of the peritoneum; but the great epiploon seems to be its most frequent seat. I may also rank amongst scirrhous degenerations of the peritoneum, transformations of the mesentery into a yellowish, voluminous mass, resembling a large lump of tallow, and sometimes presenting parts of it in a state of ulceration. M. Broussais met with this species of morbid structure in a number of soldiers who died of chronic peritonitis which commenced in northern countries.

2. *Alterations of Structure after Primary Chronic Peritonitis.*

I have not seen that the alterations, which I am now about to describe, have been noticed by authors. It is true that they are usually so slight, that they may readily escape the attention of many observers; however, as they nevertheless exist, they deserve to be known. I therefore proceed to point out the characters by which they may be distinguished.

On observing carefully the peritoneum of persons who have died of long-continued inflammation of some viscus of the thorax or abdomen, it is not unusual to find the serous membrane of the belly strewed with small greyish spots. These are in greater or less numbers on the mesentery and omentum; but they are seldom observed on the intestines. When examined attentively, they seem to be formed of small greyish points, the number and closeness of which produces the deepness of the colour of the spots, so that they pass sometimes from a grey to brown, or even to black. If a small portion of the diseased peritoneum be detached, it does not seem to be materially increased in thickness; but it may be perceived that the change in its colour is not always limited to the superficies of the membrane. The number of these small spots is very variable: sometimes only one or two may be remarked on the whole peritoneum; at other times they are so numerous that the membrane is covered with them. Their size also varies considerably. They are generally only a line, or a line and a half in diameter; at other times they form one large and isolated spot, an inch in breadth. The omentum presents, more frequently than the mesentery, this kind of alteration. If the number of these small spots is considerable, it may then be remarked that the omentum is slightly contracted or rolled back on itself, that its vessels have become more apparent and more developed, and that minute quantities of serosity are collected in the meshes of its areolar tissue. Frequently also a number of yellowish vesicles, of the size of a large pin's head or a little more, are found in this part. These slight traces of alteration are always accompanied with a more abundant secretion of serum; and, although ascites is not met with in every case, it is more than probable that these slight marks of irritation are accompanied with a flow of serum, which is sometimes considerable, and the transparency of which is generally but little disturbed, because the inflammation producing it is not sufficiently active to change completely the mode of the secretion.

In ascitic dropsy which has been of some continuance, it is not unusual to meet with a very evident thickening of the whole peritoneum, which presents a very remarkable dull white. These slight degrees of organic alteration deserve to be taken into consideration. They will serve to explain why the secretion of the serous membrane is increased without any other apparent or appreciable cause: they serve also to negative the opinion which ascribes dropsy in general to a loss of equilibrium between the functions of absorption and exhalation.

In a great number of individuals who have sunk under chronic gastro-enteritis in a well-pronounced form, a certain number of small tubercles, ranged in a circular or elliptical form, may be remarked on the peritoneum, indicating always ulceration of the subjacent mucous tissue. This alteration is not attended with pain, nor does it give rise to any marked secretion.

1. *Alterations not belonging to Inflammation of the Peritoneum, but which are its consequences.*

Adhesions and False Membranes.—Although inflammation has long before disappeared, the peritoneum frequently preserves very visible traces of the lesion which it had experienced. Adhesions or false membranes are met with uniting the abdominal organs to each other, disturbing their movements, and occasioning pain which may become very violent. When adhesions are formed, the organs are usually found, upon dissection, intimately united to each other by means of a very dense cellular tissue, which frequently requires much force to separate it. Similar adhesions are not unfrequently observed between the liver and the inferior surface of the diaphragm; and they are still more frequently formed between the spleen and peritoneum of the left hypochondrium. Adhesions of the intestines are more rarely met with than the preceding; and they generally take place through the medium of false membranes. These adhesions appear to me to be occasioned by slight chronic irritation. I think that an active state of inflammation could not produce them, for the presence of the albuminous effusion, which is always its result, is opposed to so intimate an adhesion as that which is generally observed in the cases under consideration.

False membranes may be viewed with relation to their extent, their situation, and their mode of disposition.

Cellular productions of different sizes are seen, placed on various parts of the peritoneum, uniting accidentally two or more organs, and extending irregularly, and without determinate form. They sometimes consist only of isolated filaments, as delicate as fine hairs; and at other times the filaments are numerous, collected together, interwoven, and formed into a net-work of considerable size. In place of consisting of mere filaments, the false productions may be several lines in breadth, or even several inches; they are generally of this extent in adhesions of the intestines to the anterior parietes of the abdomen. These false membranes are usually colourless and transparent, presenting a close analogy to the peritoneum itself. In some cases both the laminæ of the cellular productions are separated, and contain a little concrete albuminous matter, or even some hydatiform vesicles. These false membranes do not always offer the characters which I have now assigned to them: they generally seem to commence in the form of villosities, which are scarcely perceptible, formed by a vitiated secretion of the inflamed portion of peritoneum. These villosities become, in consequence of an albuminous production, of considerable thickness and opacity, until at last they terminate in being less and less marked, in proportion as their organization becomes more complete. About the twenty-first day reddish filaments, which are proofs that blood-vessels are beginning to be developed, may be discerned. Stoll first noticed this fact; Baillie succeeded in injecting them; and M. Dupuytren has been equally successful. M. Villermé has repeated these experiments, and has ascertained that they cannot succeed completely until the blood-vessels have arrived at their fourth period of formation.

These false membranes ought to be always regarded as produced by inflammation of the peritoneum. Their number may be so great, that all the abdominal organs may be united into one mass. I lately observed a case in which this extent of derangement was observed. It was that of an aged female who had borne several children, and whose confinements had always been attended with peritoneal inflammation.

2. *Foreign Bodies found in the Peritoneal Cavity, without external Lesion.*

When, in consequence of inflammation of the mucous surface of the digestive tube, perforation of its parietes takes place at any point, a portion of the substances contained in the tube may escape into the peritoneal cavity. It may be conceived to be nearly impossible to point out all the matters which, by possi-

bility, may be thus found in this cavity: they may be various in different cases, but amongst those which may be met with, I shall only notice intestinal worms.

It has been supposed that these animals perforate the intestinal membranes, and thus make themselves a passage into the peritoneal cavity. This opinion, which was formerly very generally received, is now rejected by the best informed pathologists: it still, however, has a certain number of supporters. But when it is considered that intestinal worms sometimes exist in very great numbers in the digestive tube without producing the least erosion, and that these animals are not armed in a manner to enable them to perforate the membranes, the resistance of which to them is very considerable; when it is also considered that, in various cases, perforations of the intestines are met with, and not a single worm present, we are necessarily led to conclude that the openings in the digestive tube are produced by an inflammatory erosion of its coats, as is shewn by the redness of the tissue, the surrounding or adjoining ulcerations, &c.; and that the worms escape into the peritoneal cavity because they find an outlet ready formed for them, through which they pass.

(To be concluded in our next Number.)

Case of Chronic Inflammation and Ulceration of the Intestines, terminating in their Perforation, and in Tubercular Productions on the Peritoneum, &c. By M. E. Legallois.

R. Brorot, a watchmaker, aged twenty-three years, was admitted, in Jan. 1823, into the infirmary of the Bicêtre, for abdominal pains, which yielded to treatment, and he left the infirmary. He returned again at the commencement of May, when M. Pariset detected an irregular tumour which seemed to occupy the whole abdomen, and which was chiefly sensible towards the right iliac region. His pulse was frequent and concentrated; skin dry, harsh, and of a clayey appearance. The skin of the abdomen was stretched between the ribs, and the iliac prominences like the parchment of a tambourine, without any meteorismus. Pressure in this situation was painful.

An antiphlogistic and derivative treatment was adopted, as friction with the tartarized antimonial ointment, leeches to the anus, emollient enemas, &c., without success. The pains became more and more acute, and his strength and appetite diminished daily. He had liquid and porraceous vomitings; and he was continually evacuating at stool a serous, whitish, and opaque matter, in which floated portions of a whitish, soft, and membraniform tissue, which seemed to have appertained more to the texture of the intestines themselves, than to any membranous exudation from their internal surface. After fifteen days of suffering, this patient died in the last stage of marasmus

Dissection, eighteen hours after death.—As soon as the abdominal parietes were divided, a quantity of matter similar to that which was voided in the patient's stools, spouted out. The omentum was carefully detached from the abdominal parietes, to which it adhered, after which the following lesions presented themselves:—All the abdominal viscera had formed adhesions one to the other: above, the diaphragm, stomach, liver, kidneys, and spleen, were completely and closely united; beneath, the omentum, very much thickened, adhered, at its floating extremity, to the circumference of the pelvic basin, and thus formed a second abdominal paries within the muscular one, concealing the state of the parts underneath. After having removed this membrane, the convolutions of the intestines were discovered confounded together, and completely agglutinated, and as if macerated in the liquid which escaped when the abdomen was opened. The idea of maceration might be still more justly applied to the state of the organs contained in the pelvis, which had become a complete sink in which were collected all the fæcal matters which had escaped into the peritoneal cavity from the cœcum and descending colon, both which organs were abundantly perforated. The peritoneum, which was red throughout, was particularly so in the seat of this fæcal accumulation, and had in several parts a black appearance, as if it were gangrenous. On this agglutinated mass were seen a multitude of small productions of a whitish, opaque, and caseous matter, which was softer in one situation, and firmer in another; here disposed in a regular series, there collected into clusters, varied from the size of hemp-seed to that of a large pea, in which it was difficult to mistake the tubercular structure.

Notwithstanding these alterations, the liver and stomach were natural, as respected their internal structure. The gall bladder was distended by a considerable quantity of thick, dark-coloured bile. The large intestines presented throughout their whole extent so many perforations, that I reckoned fifteen, the smallest of which were of the size of a two-franc piece, and the largest of the diameter of two inches and a half. The largest chiefly occupied the cœcum and transverse colon. This latter was double its ordinary length: it was folded several times on itself in the right iliac fossa, and adhered, at one part, to the cœcum, and at another to the small intestine, and above to the liver. It was doubtless this part of the colon which, during life, was more elevated than the rest of the agglomerated mass.

All these perforations were without adhesions. In some situations their margins were smooth, and had a cicatrised appearance. Frequently two perforations were separated from each other only by a very narrow bridle. In some parts this bridle had been destroyed at its middle, and its extremities only remained. Upon separating carefully the small intestines, I found several perforations in them, but here they were closed by the intimate adhesions existing between their different convolutions, and between them and the adjoining organs.

Remarks on Perforation of the Intestines, with reference to the preceding Case.
By M. J. Bouillaud, M.D., &c.

It is very rare to observe perforations of the intestines so large and so numerous as those met with in the case of M. Legallois. On opening, last year, the body of a young person who died in the infirmary of Cochin, of pulmonary consumption, complicated with chronic nteritis, the entestines were perforated like a sieve: more than forty perforations were counted. As they did not appear all to be formed at the same time, it will, therefore, doubtless, be asked, how could the patient survive the consequences of the earlier perforations, such as effusion of the fæcal matters into the peritoneal cavity? To this we may reply, that effusion into the abdomen of the matters contained in the intestines is not always the necessary result of the perforations with which they may be affected. In fact, Nature, who often repairs with one hand the ravages she makes with another, frequently prevents this formidable effusion in a way, of which the case of M. Legallois is an additional proof. This is accomplished by the extension of the ulcerative inflammation to the peritoneum, and by the adhesion of it to the adjoining surface; and the circumference of the perforation is thus united with the peritoneum covering the parts with which it is in contact.* It sometimes happens that the parts themselves which thus cover the openings, and prevent the escape of matters through them, become inflamed, ulcerated, and perforated; and thus the contents of the intestines may be discharged from one part of them into the other, as through an artificial anus. Openings have been made in this manner between the intestines and urinary bladder, and even between them and the uterus.

Perforations of the intestines do not always proceed from within outwards; they also form, in some cases, from without inwards: thus, it is not unusual to see the arch of the colon perforated by the propagation of inflammation from the interior surface of the liver, or of the gall-bladder. It is in this way that we find the rectum often communicating with the uterus or the urinary bladder; for the ulcerative inflammation, after having first made an opening through the parietes of these latter, next erode, and then perforate the intestine itself.

These different facts serve to shew that the effusion of fæcal matters into the

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* The ulceration may, however, not terminate thus: it may still proceed, after this adhesion has taken place, through the peritoneal, muscular, and mucous tunic of the adherent flexure of the intestine, and thus a false passage will become established between the convolutions. We have seen, on several occasions, in children, a number of such perforations formed even in the same subject, and constituting direct passages from one part of the intestinal tube to another, the adhesion of the peritoneal surfaces for a considerable distance around the perforations preventing the effusion of fæcal matter into the abdominal cavity, as M. Bouillaud has observed.

abdominal cavity is not a necessary consequence of intestinal perforations; but it is not the less true that this fatal effusion takes place in a very great number of cases, and that the peritonitis which follows it accelerates the fatal consequences. Peritonitis which is thus produced, may be compared to the pleuritis consequent on the bursting of a vomica, or of a tubercle, into the cavity of the pleura, — an occurrence constituting true perforation of the lungs. Both these kinds of perforations (of the lungs and intestines) would be much more common than they are, if the adhesive inflammation of the peritoneum or pleura, producing false membranes, adhesion of the opposing surfaces, &c., did not take place in progress of the disease, and prevent the escape of the foreign matters into the thoracic or abdominal cavity.—*Archives Générales, Sept.* 1824.

Pharmacy.

SYNOPTICAL TABLE

Of the Physical, Chemical, Medicinal, and Deleterious Properties of the immediate Vegetable Principles, and of the Alcoloids recently discovered. By M. Julia Fontanelle, &c.

N.B.—The termination in *ine* is applied to alkaline substances, and that in *in* to those which are not alkaline.

NAME of the Substances, of their Discoverers, and their Natural Conditions.	PHYSICAL PROPERTIES.	CHEMICAL PROPERTIES.	MEDICINAL AND DELETERIOUS PROPERTIES.
1. Atropine.—Discovered by *Brandes* in the atropa belladonna.	Inodorous, insipid; crystallizes in prismatic needles; colourless; turns green the syrup of violets.	Is decomposed by the action of caloric: almost insoluble in water, alcohol, and ether; neutralizes much acid and produces salts, the watery solutions of which give out by evaporation vapours which dilate the pupil and act as narcotics.	Is the deleterious principle of the *Belladonna*.
2. Brucine.—Discovered, in 1819, by *MM. Pelletier* and *Caventou*, in the false angustura, in the state of a gallate.	In leaf-shaped masses, of a pearly white, having the appearance of the boric acid; and sometimes in allongated prisms; inodorous, bitter, acerb, and acrid; turning the syrup of violets to green.	Fusible at 102° Centigrade, congealing as it cools: is decomposed by a higher temperature: inalterable by the air: soluble in 500 parts of boiling water, and in 850 of cold: remaining in the state of a hydrate, and retaining one-fifth of water: soluble in alcohol, almost in all proportions, and but little so in ether: forms salts, which are poisonous, bitter, crystallizable, and which may be decomposed by morphine. Is turned to a crimson red by concentrated nitric acid. This colour is changed by caloric to yellow; in this state the hydro-chlorate of tin forms with it a beautiful violet precipitate, a character which is peculiar to brucine. It is composed of 75·04 of carbon, 11·21 of oxygen; 7·22 azote; 6·63 of hydrogen.	This poison acts on the spinal chord, producing tetanic contractions of the muscles. May be given in paralysis from a dose of one-eighth of a grain to five grains in the day. Four grains is sufficient to kill a rabbit.
3. Cathartine.—Disc., in 1820, by *MM. Lassaigne* and *Féneulle*, in the follicles and leaves of senna.	Solid; brownish yellow; odour peculiar; bitter and nauseous.	Attracts humidity from the air; is decomposed by caloric; is very soluble in water, alcohol, and ether; is decomposed by the concentrated acids.	Is the cathartic principle of senna.

NAME of the Substances, of their Discoverers, and their Natural Conditions.	PHYSICAL PROPERTIES.	CHEMICAL PROPERTIES.	MEDICINAL AND DELETERIOUS PROPERTIES.
4. CINCHONINE.—Disc. by *Duncan*, in cinchona bark.	White; crystallizable in needles; inodorous; bitter; turns the syrup of violets to green.	It is partly decomposed and partly volatilized by caloric: it burns without leaving a residuum. In contact with the air it passes, in time, into a state of a carbonate: soluble in 25·00 parts of boiling water: soluble in alcohol; very little so in ether: saturates more acid than *quinine*, and forms, with acetic acid, an uncrystallizable salt, yet the acetate of *quinine* crystallizes. It is composed of carbon, 76·97; oxygen, 7·97; azote, 9·02; hydrogen, 6·22.	Its medicinal properties are the same as those of quinine, with this difference, that it takes five times as many parts, by weight, of *cinchonine* to produce the same effects as follow one part of *quinine*. It is almost never used.
5. CYSTISIN.—Disc., in 1820, by *MM. Lassaigne* and *Chevallier*, in the seeds of the *cystisus laburnum*.	Solid; yellowish green; taste disagreeable.	Decomposed by heat, as also by concentrated acids; very soluble in water, alcohol, and ether. It contains no azote.	In the dose of eight grains it occasions vertigo, cramp of the stomach, and vomiting, which sometimes continue for two hours.
6. DELPHINE.—Disc., in 1819, by *MM. Lassaigne* and *Feneulle*, in the seeds of staves-acre (*delphinium staphysagria*).	A whitish, crystalline, and moist powder; inodorous; acrid, and very bitter: turns syrup of violets to green.	Fusible, and becomes, as it cools, a hard and brittle substance; at a higher temperature it is decomposed, and burns without residue. Nearly insoluble in water, but very soluble in alcohol and ether. It forms neutral salts, which are acrid, very bitter, and very soluble. Concentrated nitric acid gives a yellow tint to this alcali, whilst the same acid gives a reddish colour to *brucine* and *morphine*. Not analyzed.	Its effects are much more energetic than those produced by the staves-acre. Six grains kill a dog in the space of two, or of three hours. In the state of an acetate, it is still more poisonous.
7. DIGITALINE.—Its existence declared by *MM. Lassaigne* and *Chevallier*; and actually discovered by *M. Le Royer*, in 1824, in the leaves of *digitalis purpurea*.	Microscopic crystals, in straight prisms, with rhomboidal bases; inodorous; very bitter; turns syrup of violets green.	Decomposed by caloric: very deliquescent; very soluble in water, alcohol, and ether. The action of acids on it has not yet been well ascertained.	Half a grain dissolved in two drams of lukewarm water, and injected into the veins of a cat, killed it in a quarter of an hour, without occasioning any appearance of pain. One grain and a half injected into the jugular vein of a dog produced the same effect. The blood of animals thus poisoned assumed a vinous tint, and a slight tendency to coagulate.
8. EMETINE.—Disc., in 1817, by *MM. Pelletier* and *Magendie*, in the roots of the *viola emetica*, *callicocea ipecacuanha*, and *psycotria emetica*, and by *M. Boullay* in the violet.	When pure, it is in a white powder; inodorous, and slightly bitter: turns syrup of violets green.	Fusible at 50° Centigrade. Above that it is decomposed. It becomes opaque on exposure to the air: little soluble in water, but very soluble in alcohol and ether. It produces, with acids, crystallizable salts with excess of acid only, which are decomposed by the alcalies and magnesia. Galls precipi-	It is the emetic principle of ipecacuanha. Its activity is such, that one-sixteenth of a grain produces vomiting. The dose is one grain for adults. In that of two, it has killed a dog.

NAME of the Substances, of their Discoverers, and their Natural Conditions.	PHYSICAL PROPERTIES.	CHEMICAL PROPERTIES.	MEDICINAL AND DELETERIOUS PROPERTIES.
		tate it in flocculi of a dirty white. It is composed of carbon, 64·57; oxygen, 22·95; azote, 4·00; hydrogen, 7·77.	
9. GENTIANIN.—Found by *MM. Henry* and *Caventou* in the root of gentian.	In small yellow needles, inodorous, and very bitter.	By the action of caloric, part of it sublimes in yellow needles, and the rest is decomposed: is not changed by the action of the air: soluble in water, communicating to it a strong bitterness: very soluble in alcohol and ether; soluble in acids. (The sulphuric acid carbonizes it.)	A very energetic tonic and febrifuge.
10. IODE.—Disc., in 1813, by *Courtois*, in sea-water, in some fuci, and in several kinds of impure soda.	In species of bluish laminæ: odour that of cloruret of sulphur. A simple body.	Fusible at 107° Centigrade. It boils at 175°, and escapes in violet-coloured vapours: is not changed by the air. Soluble in 7000 parts of water; soluble in ether, and the more so in alcohol the more it is rectified. These solutions change the colour of the skin to yellow. With oxygen it forms the iodic acid, and with hydrogen the hydriodic acid.	Used in the treatment of goître, of scrofula, of chlorosis, of cancer of the womb; of white swellings, tumours, scrofulous phthisis, inveterate syphilitic indurations of the glands, &c. It is employed in substance, in an alcoholic tincture, in the state of a salt and as a pomade. In the dose of from one dram to one and a half it proves fatal, and produces ulceration of the mucous coat of the stomach.
11. LUPULIN.—By *M. Planche* and *MM. Ives*, *Payen*, and *Chevallier*, in the yellow matter of the flowers of hops.	Solid, of a yellowish white; aromatic and very bitter.	Decomposed by caloric: is not changed by air: soluble in water, alcohol, and ether.	Tonic and narcotic: not poisonous. Doses not yet determined.
12. MORPHINE.—Disc., in 1817, by *Serturner*, in opium, in the state of a meconiate.	White crystals in triangular prisms: inodorous; insipid: solutions bitter. Turns syrup of violets green.	Melts and is decomposed at a slightly elevated temperature. Unchanged by the air: insoluble in cold water: soluble in 42 parts of cold alcohol, and in 8 of ether. Its salts are bitter. Nitric acid turns it red; hence it is an important test of the presence of this substance. Morphine is composed of carbon, 71·01; oxygen, 17·28; azote, 5·177; hydrogen, 6·533.	Narcotic, without the inconveniences of opium. *M. Bally* thinks that it is as active as its acetate, to which the preference is given on account of its solubility: as this salt is difficult to crystallize and to preserve, the sulphate appears preferable. The dose of these two salts is from one-fourth or one-third of a grain a day, in pills or in a syrup, to four grains a day. It is a poison which has lately attracted much notice.
13. NARCOTINE. In 1802, constituting $\frac{1}{50}$ of opium, by *M. Derosne*, who named it *opiane*	In delicate needles, or in rhomboidal prisms. Inodorous and insipid.	It melts like fat and is decomposed: unchanged by the air: slightly soluble in water: soluble in 24 of boiling alcohol, or in 100 cold: soluble in cold	Seems to act as a narcotic. *M. Bally* has given it to the extent of 60 grains, without obtaining very remarkable effects

NAME of the Substances, of their Discoverers, and their Natural Conditions.	PHYSICAL PROPERTIES.	CHEMICAL PROPERTIES.	MEDICINAL AND DELETERIOUS PROPERTIES.
		ether: forms poisonous salts. Composed of carbon, 68·88; oxygen, 18·00; azote, 7·21; hydrogen, 5·91.	from it. Its acetate, in the dose of a grain, has killed a dog.
14. PICROTOXINE. — Disc. by *Boullay* in the *coccus orientalis* (the fruit of the *menispermum cocculus.*)	In quadrilateral white prisms: inodorous; very bitter. Turns syrup of violets green.	Decomposed by caloric: unchanged by the air: soluble in 25 parts of boiling water and 50 of cold: soluble in 3 of alcohol; and very soluble in ether. Forms very bitter salts, which are but little soluble in water.	It is to this substance that the *coccus orientalis* owes its deleterious properties: three or four grains of it kills the largest dog in an hour. It is also a most active poison on fish.
15. PIPERIN.— Disc. by *Œrstaed* in black pepper.	In colourless and translucid prisms; inodorous, and almost insipid.	It melts and is decomposed by heat: unchanged by the air: insoluble in cold water; very slightly soluble in boiling water: very soluble in alcohol and ether.	According to *Bertini, Meli, Micclini, Simoneti,* and *Simiscalchi,* it is a most energetic febrifuge, and in a much smaller dose than the sulphate of quinine. It may be carried as far as 24 grains in the 24 hours.
16. QUININE.— In 1820, by *MM. Pelletier* and *Caventou,* in the cinchona.	White and incrystallizable: inodorous: very bitter. Turns syrup of violets green.	It melts, becomes idioelectric, and assumes, by friction with woollen cloth, the resinous electricity: is unchangeable in the air: soluble in 700 parts of water: soluble in alcohol, and still more so in ether: forms very bitter salts, of a pearly hue: saturates less acid than the *cinchonine,* and gives a crystallizable acetate. Is composed of carbon, 74·56; oxygen, 7·7; azote, 10·84; hydrogen, 6·90.	Its virtues the same as the cinchona bark, but much more energetic. The sulphate of quinine is preferred. Four grains of this salt is equal to two drams of the bark. This alcali and its salts are five times more energetic than the cinchonine and its sulphate.
17. RHUBARBARIN. — Disc. by *Pfaff* in the rhubarb cultivated in Europe.	Solid: dark brown: opaque: odour disagreeable: taste bitter and nauseous.	Decomposed by heat: deliquescent: very soluble in water, alcohol, and ether. Nitric acid converts it into oxalic acid.	It appears to be the medicinal principle of rhubarb.
18. SCILLITIN. —By *Vogel,* in the bulbs of the *scilla maritima.*	White; brittle; transparent: fracture resinous: inodorous, and taste bitter.	Decomposed by heat: deliquescent: very soluble in water, alcohol, and ether. The action of acids not yet ascertained.	The medicinal principle of the squill: it excites vomiting, the secretion of urine, and diarrhœa.
19. SOLANINE. —In 1821, by *Desfosse,* in the *solanum dulcamara* and in the *boletus esculentus.*	White; grained; or in quadrilateral mieroscopic prisms: inodorous: slightly bitter and nauseous. Turns syrup of violets green.	Decomposed by heat: unchanged by the air: insoluble in cold water: soluble in 8000 parts of boiling water: little soluble in alcohol and ether: forms inerystallizable and bitter salts, which, by evaporation, form a gummy mass.	Excites vomiting and sleep. Its acetate has only been as yet tried. Its effects have been little attended to.
20. STRYCHNINE. — In 1818, by *MM. Pelletier* and *Caventou,* in the *nux vomica*	In a white opaque, and sometimes pearly powder: inodorous: bitterness insup-	Neither fusible nor volatile: unchanged by the air: soluble in 6667 parts of water at 10° R., or 2500 of boiling water. Its solutions have an orange	This is the most active poison of all the vegetable alcaloids. It is twelve times more active than *brucine:* one-eighth of a

NAME of the Substances, of their Discoverers, and their Natural Conditions.	PHYSICAL PROPERTIES.	CHEMICAL PROPERTIES.	MEDICINAL AND DELETERIOUS PROPERTIES.
and the bean of St. Ignatius.	portable. Turns green the syrup of violets.	colour: a solution of $\frac{1}{6\,0\,0,0\,0\,0}$ part of a grain imparts a bitter taste: very soluble in alcohol: insoluble in ether. Forms some crystallizable salts, more poisonous than the strychnine. Composed of carbon, 78·22; oxygen, 6·38; azote, 8·92; hydrogen, 6·54.	grain kills the strongest dog, and one-fourth of a grain produces on a healthy man very sensible effects.
21. VERATRINE. In 1819, by *MM. Pelletier* and *Caventou*, in the cevadilla, white hellebore, and in the colchicum.	A white, inodorous, powder: taste acrid and burning. Turns green the syrup of violets.	Fusible at 50° Cent.: on cooling it presents a translucid mass of an amber colour: unchanged in the air: soluble in 1000 parts of boiling water: very soluble in alcohol: insoluble in ether. Its salts are incrystallizable. Composed of carbon, 66·75; oxygen, 19·60; azote, 5·04; hydrogen, 8·54.	A dangerous sternutatory: in a very small dose, it produces vomiting and copious alvine evacuations.

Formula for the Preparation of Camphor, modified from that recommended by M. THIERRY, *Pharmacien, Paris.*

Solutio Camphoræ Oleo-Mucilaginosa.

℞ Camphoræ, 3j.
Olei Amygdal. Dulc. 3ij.
Pulv. Acaciæ, 3ij.
Aquæ Distillatæ, 3v. Misce.

This solution contains one part of camphor in ten. It should be kept in a well-stopt vial. It is well adapted to the various circumstances under which camphor is usually prescribed, and is suited to the different modes of administration usually adopted. — J. C.

PART V.

POLITICAL MEDICINE.

MEDICAL POLICE.

*Society of Physicians of the United Kingdom.**

TO THE EDITOR OF THE LONDON MEDICAL REPOSITORY.

"Tum porro artem medicam caute, *caste*, probeque exercitaturum."
Edin. Graduate's Oath.

SIR, — The announcement of a new Society under the above denomination, with whatever coldness it may have been received by the generality of Physicians

* The objects of this Society bring whatever may be said respecting it under this department of our Journal.

practising in London, and however its objects may have been misrepresented by a part of the periodical medical press, could not fail to excite, among independent and regular Physicians throughout the kingdom, very considerable interest. Viewing it merely with reference to the professed objects of its founders — uninfluenced by personal prejudices — unfettered by peculiar professional connexions — unshackled by engagements or obligations at variance with the oath they took at their graduation — they, at least, did not at once declare war against a society instituted for the purpose of promoting medical science and advancing the interests and dignity of its professors. However difficult the attempt might be, or whatever mistakes might attend its commencement, the attempt itself could only be viewed by them as deserving encouragement.

It is notorious that for a considerable period the highest honours of the Medical Profession have been, at certain decayed universities, a regular affair of trade; and that, under the loss of their former reputation as places of learning, the Professors have been substantially consoled by the advantage of sending degrees in physic, like quack medicines, by the mail, in reply to communications from any part of the world enclosing the required fee. The price of a degree (for illustrating the *division* of which you are entitled to the gratitude of the Profession) has become a settled matter; and men, ignorant of physic, of science, and of all kinds of learning — men unable to write ten words of a prescription correctly, or to read their own false and dearly-bought diplomas — have been and are permitted, on payment of about thirty pounds, to teach what they never learnt, and to practise what they never studied. The effect of this is, of course, to degrade the Profession of Physic, to lower the rank of a Physician, and to throw an air of ridicule on the once respectable title of *Doctor*.

Such being the state of things, and there appearing no probability of any steps being taken by the Colleges of Edinburgh, Dublin, or Glasgow, for the protection of those who, after studying there, and submitting to the prescribed examinations, have received degrees from them; and the College of Physicians of London, so far from interfering, having admitted the Aberdeen Doctors to the same privileges as those who have been regularly educated (seeing, perhaps, in this unjust and levelling system, the enhancement of its own dignity), — there is surely nothing wrong, nothing reprehensible, in the regular Physicians *themselves* combining for the purpose of protecting their own respectability, and, if possible, of preventing the Profession and Practice of Physic falling into the hands of those who, without learning or the love of learning, and without any knowledge of physic as a science, are rapidly converting it into a mere trade.

That a step of this kind should be attended with many difficulties, and that a society formed to effect these objects should be assailed with much virulence and abuse, and misrepresented in every possible way, was, of course, to be expected. The rabble of the Profession have been vociferous; and, as always happens, they have, in some instances, been countenanced by those who despise them. The Society of Physicians has, accordingly, been termed a cabal, a monopoly, an illiberal association; unfounded accusations, angry invectives, and vulgar threats, have all been levelled against it; to all which, although it would not be difficult for them to reply, the respectable founders, satisfied with the purity and honour of their motives, may well afford to be inattentive. The enmity which has been thus displayed admits of an explanation abundantly simple. It is quite impossible to mistake either the sentiments or motives of men who are in arms at the very mention of advancing the interests and maintaining the dignity of the regular part of the Profession: — its interests are not their interests — its degradation is their advancement. The mere fact that a man is adverse to the regular education of Physicians clearly enough reveals his own history, or points to his own views.

With such men or their enmities it would be a waste of time to contend. The only questions relating to the Society of Physicians of the United Kingdom really worthy of attention, or in which regular Physicians are really interested, are these: — Are its regulations calculated to effect its professed objects? Are those objects desirable, laudable, practicable? The consideration of these questions concerns the whole Profession, and it is surely possible to discuss them with temper, and with a reference to the regular Physicians alone; mean-

ing, of course, all such as have studied at universities in which degrees are not conferred without residence, examinations, and some knowledge of the student's character.

I conceive it to be unnecessary to defend the Society from the imputation of wishing to create an odious distinction between Physicians or Surgeons, as it must be evident to any one who takes the trouble to consider the spirit by which it is influenced, that nothing could be more consonant to it than that the regular Surgeons should associate in a similar manner and with similar views. Such an insinuation, indeed, has so much the colour of a wilful misrepresentation, that if it had not come from a respectable quarter, it would have been wholly undeserving of comment.

But setting out with the most liberal professions, it is important that the Society should as much as possible avoid even a suspicion of any objects distinct from those openly avowed. In this view, it is advisable that that part of the third resolution should be explained, by which "members of the London College, whether fellows or licentiates, admitted prior to 1800, are eligible." It is not sufficient to say that the effect of this upon the persons contemplated is *admission*, not *exclusion*: the mere specification implies exclusion of some kind or other: but the spirit of the specification, if I may so express myself, is to admit some who, according to the constitution of the Society, are inadmissible. If I misapprehend this, I believe the misapprehension is very general, and requires to be done away. The only fair reason for the clause — the only one which would satisfy the Profession that it has no covert meaning — would be found in the fact, that previous to 1800 the College of Physicians had not so far forgotten what was due to itself and to physic, as to admit Aberdeen Doctors to its honours and privileges. Is this the state of the matter or not? If it be, let such an answer be given to those who reflect on the obnoxious clause. If it be not, let the clause be abrogated at once and altogether. Partial legislation, peculiar and limited views, personal considerations, are in no degree of a nature to amalgamate with the constitution of a society wishing to effect important and widely liberal alterations. All must be fair, open, and, if possible, irreproachable. No new society, no society whatever, can offer any compensation to a respectable Physician for the suspicion of harbouring views which he would no less scorn to entertain than to avow.

The next clause has given great, general, and, in my opinion, just offence, to the Physician-Accoucheurs. It is evident that their exclusion was considered inseparable from that of the Practitioners in Surgery and Pharmacy; but this view of the case was surely erroneous. There is, perhaps, no class of Physicians more truly respectable than the Physician-Accoucheurs: they are, for the most part, quite unconnected with the practice of surgery or pharmacy, and men of highly respectable attainments. Far from being mere mechanical operators, their great business is to attend when ordinary means are unsuccessful, or in circumstances of unusual danger, or to perform their peculiar duties for the higher and more refined classes of society. Their duties are intimately connected with the practice of physic in all the various and important diseases of women and children: and there is, perhaps, no branch of the Profession, to practise which, with credit, requires a Physician to be better informed or more liberally educated, and none in which ignorance and presumption meet with such terrible occasions of exposure and punishment. Whilst, therefore, the exclusion of the Physician-Accoucheurs needlessly increases the number of those who regard the new Society in an unfavourable light, to associate them with it, still excluding those who practise surgery and pharmacy, (who, it is to be hoped, will associate to protect themselves,) would, it appears to me, in no way derogate from its respectability, or be opposed to its principles.

With regard to the *general* objects of the Society, they are undoubtedly such as to meet with general approbation. Every man is sensible to the stimulus of belonging to an association of liberal and enlightened men, who will receive his opinions with kindness, and discuss them with candour, and reward them by the prize of publication among papers of undoubted merit. Every man of an enterprising disposition is aware of the tracts of undiscovered science into which he could wander with the hope of beneficial results, if aided and accompanied by men of similar habits, under the unbought patronage of the heads of his Pro-

fession; and every regularly-educated Physician must now and then feel annoyed, or, it may be, ashamed, to find men of low attainments and tradesman-like habits intruding into that rank, and claiming that title, which he purchased by days and nights of labour and anxiety, and considerable pecuniary sacrifices.

The *peculiar* objects of the society are no less admirable. Other societies offer advantages of various kinds, but this alone opens the gate for that kind of medical reform in which the public and the Profession are equally interested. Let not this be lost sight of by the Society of Physicians of the United Kingdom. Let them remember that they are expected, if they wish for the co-operation and sympathy of Physicians throughout the kingdom, not merely to hold meetings, raise buildings, and publish now and then a volume of Transactions, but to maintain the privileges and rank of regular Physicians; to oppose all regulations which tend to oppress or degrade the Profession, no matter where or with whom originating, or by what authorities or powers supported; to expose instances of quackery or professional knavery; and by every means in their power to assist the public in forming a just estimate of medical pretensions;—above all things, to endeavour to destroy the disgraceful, mercenary, and dishonest traffic in medical degrees.

Here, however, I wish to be permitted to say one word in explanation of my views with respect to a very respectable class of Surgeons who, as they advance in life, are desirous, for many reasons, to exchange the harassing duties of an Apothecary and general Practitioner for the calmer occupation of a Physician. Without agitating in this place the question of their being fitted for such a change by their original education or by the habits of their life, I am willing to admit the apparent hardship of compelling them, without exception, to become students again, and to submit to college examinations with men young enough to be their sons. Many, it is true, who have ever endeavoured to combine study and practice, have preserved sufficient ardour to overleap these obstacles, and have justly deemed that a few years spent at Edinburgh, or some other university, and allowed to intervene between putting off the character of Surgeon and Apothecary, and putting on that of Physician, might be both agreeable and advantageous. These gentlemen have doubtless reaped their just reward on returning to their old neighbourhood, respect instead of ridicule, and patronage instead of opposition. After such an absence, they have returned with an acquisition of respectability, which the bare announcement of a supply of academical dignity received by the Scottish post would have been ill-calculated to give them in the eyes of their plain but shrewd country neighbours. But others have felt less ardour, or have perhaps feared to omit opportunities of immediate practice, and to these the purchase of degrees has been a matter of unquestionable convenience. I am not illiberal enough to deny that *a few* of these gentlemen have done honour to their new and purchased appellation, although the appellation has not always conferred honour upon them. I number among my own acquaintance one or two such; but I am indignant whenever I reflect how these persons have been cheated out of thirty pounds, and fooled with pompous parchment, indifferent Latin, a ponderous seal, a blue ribbon, and a tin case, by all which together they are no more made Doctors of Physic than they are Doctors of Divinity, but are exposed to the sneers of their best friends, to the shyness of regular Physicians, and to the most cutting sarcasms whenever they are caught in courts of law. And it is to put an end to these unpleasantnesses, as well as to the beggarly retail of degrees of honour, still providing for the peculiar cases just alluded to, that I am led to express a fervent hope that one of the first acts of the Society of Physicians will be to address a remonstrance or petition to the heads of all respectable universities, praying them to take the matter into their serious consideration, and by occasionally conferring HONORARY DEGREES IN PHYSIC, to ruin the Aberdeen trade altogether.

I shall not lengthen my observations by dwelling on the other objects of the Society. The only remaining class of Practitioners who call themselves Physicians, and who are excluded from the Society, are such as, *retaining* the title of Doctor, practise whatever branch of the Profession promises best at the moment: and are Apothecaries to-day, Physicians to-morrow, Surgeons the day after, and Men-midwives the day after that. Such conduct is so palpable a

violation of the oath they took on becoming M.D., that I sincerely hope, for their own sakes, they act in ignorance. Referring them to the words of the oath, I leave them to settle the matter with their own consciences.

In the first volume of the Transactions, it would be doing a service to the public to lay before them the terms on which degrees in Physic are obtained *at* or *from* different universities. Keeping in view the great object of maintaining the respectability of Physicians, I hope an especial eye will be kept upon all irregular Practitioners, whilst at the same time good-will and harmony are cultivated among those who are truly respectable; never forgetting what the Profession *ought* to be, and what it *must* be, if it would keep pace with the advancing information of society in general, and retain its rank among those professions which are yet called *learned*.

Let the regular Physicians of the United Kingdom weigh these matters dispassionately. Remembering their own independence, and the duties of their station, let them not be turned aside from what they feel to be right by the persuasions of those who are altogether careless of all their privileges; and I am much mistaken if they do not become convinced that it is both their interest and their duty to join an association of which the members are men of education, of which the objects are honourable, and of which the well-directed labours will surely be productive of great and beneficial results to the learning, the dignity, and general reputation of the Profession. C. A.

MISCELLANEOUS INTELLIGENCE.

TO THE EDITOR OF ANDERSON'S QUARTERLY JOURNAL OF MEDICAL SCIENCES.

SIR, — In your notice of the edition of M. Richerand's Elements of Physiology, edited by me, I observe the following remark: — "The only subjects in this Appendix not familiar to the readers of our Journal, are certain speculations of the Editor's concerning the ganglial nerves (a sort of echo of those of Lobstein, whose name is not mentioned), and a few other subordinate subjects," &c. To this I reply, that every opinion respecting the functions of the ganglial nerves, contained in the Appendix to Richerand, was given in a paper on the subject, which was read at the Medical Society of London in September, 1821, as the records of the Society will testify; indeed, what is published in my Appendix is given avowedly as a transcript of the paper then read to the Society. In the Number of the MEDICAL REPOSITORY for May, 1822, I also published an outline of my opinions respecting "the Functions of the Ganglial Nerves, in Health and Disease;" a part of this outline I have also given in the Appendix in question, stating, at the same time, that it is a quotation from the REPOSITORY of the date just now mentioned. This your reviewer must have seen, provided that he read what he professed to review. Here are facts of which your reviewer may satisfy himself in three ways — 1st, by referring to the records of the Medical Society; 2dly, by looking at the Number of the MEDICAL REPOSITORY for May, 1822, which contains my paper, many of the ideas in which have since been avowed by Lobstein; and, 3dly, by referring to the Appendix itself.

Again, Sir, — Lobstein's work was published, at Paris, in the *end* of the year 1823 (mark the dates); was imported by Messrs. Treutell and Würtz in the beginning of 1824; and reviewed almost immediately in the London Medical and Physical Journal for March of this year, when I first obtained a knowledge of its existence. In this review, the Editors of the Medical and Physical Journal very candidly referred to my paper in the REPOSITORY, as containing similar opinions to those espoused by M. Lobstein.

In addition to this evidence, I may also state the impossibility of my having derived a single idea from Lobstein, even had I not published so long previously to him, as I have now shewn; for my edition of Richerand, although not published until the end of May, was nearly all printed six months before; and that part of the Appendix was entirely printed off before a single copy of Lobstein's work had reached this country. How, then, could I have mentioned M. Lobstein, when I could not be aware that he was writing on the subject?

Thus, Sir, the fact is incontrovertible, that my speculations were published at

first three years, and afterwards nearly two years, before the appearance of any thing from M. Lobstein on the ganglial nerves. So far, therefore, from having adopted the opinions of M. Lobstein, he has adopted mine: indeed, all his opinions respecting the functions and diseases of this class of nerves, may be found in the papers previously published by me. My ideas as to the nervous system have been entertained during many years, and as far back as the years 1817, 1818, and 1819, I have had occasion to discuss them with several medical men in different parts of the Continent. The outline of them, which I gave in May, 1822, in the REPOSITORY, led me about that time into several private discussions with some of the most eminent physiologists of this country, who are able to testify the long period which elapsed between these and the appearance of M. Lobstein's work. But it is to the authenticated dates of publication that I refer. Other proofs are unnecessary.

Your reviewer says that he is not able to comprehend some of my opinions. I am sorry for it. He surely cannot expect that I should furnish him both with ideas and capacity to comprehend their relations. JAMES COPLAND.

Medical Mélange.

ACADEMIE ROYALE DE MEDECINE, PARIS.—*Sitting of the 24th February*, 1824.—M. RULLIER presented to the Society a Stomach, on the internal surface of which were about eighty fungous excrescences, of the size of hazel-nuts. They existed on the mucous surface, and formed at its expense.

M. JULIA FONTANELLE detailed the case of an individual who had only one kidney, which was about five times the usual size. A calculus, weighing five drams, and composed of uric acid, shut up the superior extremity of the ureter.

March 9th.—M. ANDRAL presented the large intestine of a man who had sunk under chronic diarrhœa, the internal surface of which, from the ileo-cœcal valve to the rectum, was a deep-black. This colour was seated in the mucous tissue, which preserved, however, its usual thickness and consistence; its follicles were very much developed. The mucous surface blackened the linen with which it was wiped; when macerated in water it recovered its colour. M. Andral is led to believe that this black colour was very different from the brown tint of chronic phlegmasia, and that it was the result of an accidental secretion of a pigment similar to what takes place naturally on the choroid. He could obtain no information respecting the nature of the stools in this case.

March 23d.—M. ITARD read a Memoir on the Spontaneous Production of the Prussic Acid in the Alvine Evacuations; and cited two instances in which this took place. The subject of the first case was affected with intestinal inflammation when this production was observed: the other case presented symptoms of hepatitis. In both the individuals the alvine evacuations possessed a very distinct odour of bitter almonds. M. Itard regards these facts as important in a medico-legal point of view, and concludes that the existence of the odour of prussic acid in the evacuations ought not to lead to the belief that poisoning has been produced by this acid.

M. DELENS, on this occasion, reported various facts, shewing that prussic acid has been found combined with iron in the perspiration, the urine, and the expectorated matter, giving a bluish colour to these matters.—M. DUPUIS observed that cows feeding in certain pasturages have shewn the existence of this acid in their milk.—M. VIREY cited an instance in which cows fed with the *prunus padus* exhaled a very strong odour of bitter almonds; and in which the sulphate of iron shewed the existence of the prussic acid in all the excreted liquids.

April 6th.—M. RULLIER submitted to the Academy a heart which presented, on the internal surface of its cavities, several tumours, of an irregular form, and which seemed to consist of fibrinous concretions, whose formation must have taken place long before death. The parietes of the heart presented, besides, two perforations.

April 12th.—M. ANDRAL detailed a case of an individual who had been long subject to difficult digestion, and who died suddenly, after very acute moral emotions. On *dissection*, a very great quantity of blood was found in the

pericardium. The posterior parietes of the left ventricle presented five oblong perforations, the larger diameter of which was in the direction of the longitudinal axis of the heart. An irregular laceration of the fleshy fibres was remarkable in each perforation. The texture of the heart had not undergone any softening. The stomach presented signs of chronic inflammation, and, moreover, towards the middle of its posterior surface, a large circular solution of continuity, with soft and rounded margins. It is remarkable that no effusion had taken place into the peritoneal cavity.

M. Moreau, on the 11th of March, detailed the case of a young woman, in whom spontaneous perforation of the uterus was observed on dissection. The patient had been delivered two months previously. The parietes of the uterus were soft and very thin. No effusion nor traces of inflammation were observed in the abdominal cavity.

MM. Cullerier and Miungault, on the 25th of March, submitted to the Academy ossifications of the arachnoïd found in an insane patient. Besides these ossifications, some of which dipped between the convolutions of the brain, the hemispheres presented encysted scrofulous abscesses in the middle of the cerebral substance. The patient during life was tormented with a sensation of a very disagreeable odour.—M. Dubois mentioned a case in which similar appearances were observed. The patient had, many years before, had a fall from his horse, and had afterwards been afflicted with the sensation of tainted odours.

M. J. Cloquet presented, on the 29th of April, calculi of uric acid, which were voided by a man aged 68 years. The patient three years before complained of symptoms of stone; and two years previous to his voiding the calculi, M. J. Cloquet recognized the existence of stone on sounding the bladder. The operation was delayed on account of abdominal inflammations to which the patient was subject; and mucilaginous drinks, made slightly alkaline, were prescribed. The calculi presented evident appearances of solution of their exterior layers. M. C. thinks that the diminution of volume thus occasioned, permitted their expulsion.

M. Jadelot presented to the Academy, on the 10th of August, the brain of an idiot, (a child), the two lobes of which offered, at their superior surface, *not any trace of convolutions*. The two hemispheres consisted of an uniform layer of white medullary substance, covered by a thin layer of cineritious matter. The lateral ventricles, and other parts of the brain, were in their natural condition.

M. Laurent presented, on the 24th of August, an epileptic girl to the Academy, whose paroxysms were attended with the singular symptom of involuntary progression attending it. As soon as the fit supervenes, the patient walks irresistibly forwards for a few instants, holding out her arms, and does not stop until she is thrown down by some obstacle. Is the cerebellum the seat of the disease in this case, as the experiments of M. Magendie would lead us to infer?

M. Grimaud reported to the *Académie Royale de Médecine, Paris*, at its sitting of the 8th of September, a case of poisoning by nux vomica. The patient was rapidly carried off in a state of general tetanus. On dissection, well-marked inflammation of the mesocephalum, or pons Vasolii, was observed.

M. Bard presented to the Academy, at the same sitting, the larynx of a girl aged fourteen years, who died suddenly in a state of suffocation. Œdema of the margins of the epiglottis, and of the opening of the glottis, was very well marked: its rapid development had occasioned asphyxia. The patient had not previously experienced any other ailment than the symptoms of a slight catarrh. The same patient also presented a diverticulum of the ilium: this unusual prolongation was three inches in length, and situated a little below the middle part of the intestine.

Amputation of the Hip-joint.—The September Number of the *Revue Médicale* contains the particulars of a case of amputation at the hip-joint, performed by Professor Delpech, in the Hospital Saint Eloi, for necrosis of the thigh-bone, and numerous abscesses and sinuses of the thigh, extending to the trunk of the body. The state of the diseased parts, and circumstances of the case, induced

the Professor to tie the crural artery where it issues from the abdomen, immediately before he proceeded to perform the amputation. The after-treatment of the patient was carefully directed, and the patient perfectly recovered.

Sulphur a Preservative against Measles.

M. Fortual states, that all the children to whom he administered sulphur were protected from measles at a time when this disease was epidemic. The following is the formula which he prescribed: — Take of sulphur, half an ounce; sugar, in powder, a dram; mix. Take, twice or thrice a day, half a tea-spoonful of the powder; and continue it during the prevalence of the epidemic. — *Journal der Pratischen Heilkunde, &c.*

MONTHLY MEDICAL BIBLIOGRAPHY.

BRITISH.

Practical Observations on Hydrophobia, with a Review of the Remedies employed, and Suggestions for a different Treatment of that Disease. By John Booth, M.D., formerly a President of the Royal Medical Society of Edinburgh, Member of the Royal College of Physicians of London, and one of the Physicians to the Birmingham General Hospital, &c. 8vo. Pp. 16. London, 1824.

The author of this pamphlet suggests that trial be made of an injection of a solution of the acetate of morphine into the veins of the hydrophobic patient. We also gather from his brief production that acetate of lead and the injection of warm water into the veins have failed in cases which came partially under his observation at Birmingham. They were more than credulous who ever expected these to succeed. But why have not these cases been published? Every thing not hitherto employed should be tried. There is no use in going over the beaten track which is usually followed. We suggest, as a matter incumbent on the Practitioner, particularly after what has appeared on the subject, that he examine the inferior surface of the tongue of a patient who has been bitten by a rabid animal, twice daily, from the third to the fortieth day after the bite has been inflicted, for the purpose of detecting the pustules described by M. Magistel and others. It is needless to look for them when the hydrophobic symptoms are developed: they have then disappeared. If they are observed, they ought to be immediately opened and their contents evacuated; and the other parts of the treatment recommended by M. Marochetti should be strictly followed. See Repository, Vol. I. (New Series) p. 82.

MONTHLY LIST OF BOOKS RECEIVED FOR REVIEW.

The Lectures of Sir Astley Cooper, Bart., F.R.S., Surgeon to the King, &c., on the Principles and Practice of Surgery: with additional Notes and Cases. By Frederick Tyrrell, Esq., Surgeon to St. Thomas's Hospital, and to the London Ophthalmic Infirmary. Vol. I. 8vo. Pp. 352. Underwoods, 1824.

Outlines of a System of Medico-Chirurgical Education; containing Illustrations of the Application of Anatomy, Physiology, and other Sciences, to the principal Practical Points in Medicine and Surgery. With coloured Plates. By Thomas Turner, Member of the Royal College of Surgeons of London, Lecturer on Anatomy, &c. 8vo. Pp. 370. Underwoods. London, 1824.

A View of Formation, Discipline, and Economy of Armies; with an Appendix, containing Hints for Medical Arrangement in Actual War. By Robert Jackson, M.D. A new Edition, much enlarged. 4to. Pp. xxii. 545. Egerton. London, 1824.

A Practical Treatise on Hæmorrhoïds or Piles, Strictures, and other important Diseases of the Rectum and Anus: being, with some Additions, a Treatise to which the Jacksonian Prize was adjudged by the Royal College of Surgeons. By George Calvert, Member of the Royal College of Surgeons, &c. 8vo. Pp. xiii. 359. Callow and Wilson. 1824.

Observations on the History and Treatment of the Ophthalmia accompanying the Secondary Forms of Lues Venerea. Illustrated by Cases. By Thomas Hewson, A.B., Member of the Royal College of Surgeons in Ireland, Professor of Materia Medica and Pharmacy to the College; and Surgeon to the Meath Hospital and County of Dublin Infirmary, &c. 8vo. Pp. xi. 117. Longman's. London, 1824.

Observations illustrative of the Nature and Treatment of the prevailing Disorders of the Stomach and Liver. By Thomas John Graham, M.D., Member of the Royal College of Surgeons, London. 8vo. Pp. 224. Callow and Wilson. London, 1824.

THE METEOROLOGICAL JOURNAL,

From the 19th of SEPTEMBER, to the 20th of OCTOBER, 1824.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

September.	Moon.	Rain Gauge.	Therm. 9 A. M.	Therm. Max.	Therm. Min.	Barom. 9 A. M.	Barom. 10 P. M.	De Luc's Hygrom. 9 A. M.	De Luc's Hygrom. 10 P. M.	Winds. 9 A. M.	Winds. 10 P. M.	Atmo. Variation. 9 A. M.	Atmo. Variation. 2 P. M.	Atmo. Variation. 10 P. M.
20			55	65	53	29 75	29 80	95	90	SSW	N	Rain	Fair	Fine
21			54	62	52	29 77	29 80	95	96	NW	NW	——	Rain	Rain
22	☾		61	65	55	30 00	30 00	80	87	NE	NE	Fine	Fine	Fine
23		,50	55	60	55	29 90	29 91	89	83	NW	NW	Rain	——	——
24		,21	56	63	50	29 97	29 97	80	86	NE	N	Fair	Rain	——
25			52	62	41	29 96	29 85	84	82	N	W	Clo.	——	——
26			47	51	41	29 95	29 80	80	84	NW	NW	Fine	Fine	——
27		,14	46	53	37	29 60	29 50	87	80	WNW	NW	Rain	——	——
28			43	50	37	29 73	29 85	78	79	W	W	Fine	——	Fog.
29	☽		48	57	49	29 84	29 77	73	79	SE	S	Fog.	——	Fine
30			57	66	54	29 37	29 41	92	80	S	SE	Clo.	——	Rain
1			58	64	55	29 16	29 21	88	80	SE	SW	Rain	Rain	Fine
2		,50	58	67	51	29 30	29 42	75	80	SW	SW	Clo.	Fine	——
3			57	60	50	29 70	29 77	80	82	SW	S	Fine	Clo.	——
4			56	62	46	29 74	29 74	88	84	E	ESE	——	——	——
5			55	60	57	29 57	29 48	90	96	SE	E	Rain	Sho.	Sleet
6			58	62	58	29 36	29 27	97	96	SE	E	Clo.	Rain	Clo.
7		,40	60	62	57	29 20	29 23	96	88	SW	SSW	——	Sho.	——
8	☉		58	63	54	29 27	29 32	86	76	SW	WSW	Fine	Fine	——
9			57	62	56	29 46	29 54	82	70	W	W	——	——	——
10			58	50	51	29 50	29 13	80	96	E	S	Clo.	Rain	——
11		,68	54	57	47	28 95	28 90	92	75	SE	SW	Rain	——	——
12			51	54	37	28 82	28 97	90	87	NE	N-var.	Clo.	——	——
13			43	46	35	29 30	29 42	75	66	NW	WSW	Fine	——	——
14			38	44	33	29 48	29 55	70	72	WSW	W	Fog.	Fine	Fog.
15	☾		42	37	32	29 57	29 62	77	82	W	N	——	——	Clo.
16			37	45	35	29 78	29 87	78	64	WNW	NW	Fine	——	——
17			35	39	32	29 93	30 03	80	78	W	SSE	——	——	——
18		,30	37	50	41	30 03	30 03	78	78	WSW	WSW	——	——	——
19			49	55	51	30 03	29 95	82	75	WSW	WSW	——	——	——

The quantity of rain fallen in September was 3 inches and 77-100ths.

NOTICES TO CORRESPONDENTS.

Communications have been received from Dr. H. Davies, Mr. Croker, and Mr. Hill.

"Lector" is informed that we cannot attend to anonymous letters.

†‡† Communications, and Works for Review, are requested to be addressed (post-paid) to the EDITORS, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

THE

LONDON MEDICAL

REPOSITORY.

No. 132. DECEMBER 1, 1824. Vol. XXII.

BEING

No. XII. of a NEW SERIES.—Vol. II.

PART I.

ORIGINAL COMMUNICATIONS.

I.

A Report of the Medical Cases treated at the Kent and Canterbury Hospital, from the 1st of January to the 30th of June, 1824. By Robert Chisholm, M.D., Physician to that Institution, Member of the Royal College of Physicians in London, and Extraordinary Member of the Royal Medical Society of Edinburgh.

Having, in my last report, given an account of my hospital cases to the end of the year 1823, I shall now offer to the readers of the Repository a list of those that have been *admitted* during the first six months of 1824, first noticing, according to my promise, some of the cases that were under treatment when my last report was written.

Case III.—*"Psoriasis Diffusa" of Ten Years' standing.*

Mary Strand was reported cured. She was desired, however, to apply immediately should any eruption make its appearance in the spring, which was to be expected. She came to the hospital on the 30th of April, with a few very slight patches, when the decoct. dulcamara, with nitrate of

potass, and the ung. hydrarg. prussiatis, was ordered as before; sixteen ounces of blood were also taken from the arm. The eruption left her, and she has been perfectly free from it ever since.

Case X.—*Epilepsy.*

William Stone was reported cured; had no return of his fits for eight months; was taken ill, however, with constipation, fever, &c., and the fits returned with great violence and frequency for three successive days before I was made acquainted with it. As soon as the bowels had been cleared by means of the croton oil, and the tartar emetic ointment had taken effect, the fits left him. The shower bath was prescribed three times a week, and the powders as before. No return of the fits.

In cases of *Neuralgia*, whether of the face or other parts, I have found the subcarbonate of iron invariably successful; in order, however, to mitigate the pain, I have usually ordered the ext. of belladonna at the same time.

Elizabeth Barnett was admitted an out-patient of the hospital on the 28th November, 1823, with "neuralgia faciei." The compound aloët. decoct. was ordered as a purgative; five grains of blue pill and a grain of opium at night; and ʒss. of the subcarb. of iron three times a day.

December 19th.—The subcarbonate was increased to ϑij. three times a day.

January 23d.—Two scruples of the subcarbonate *twice* a day only; and the common cath. mixture (senna and salts) instead of the decoct. aloës comp.; the decoct. cinchon. was likewise ordered.

March 5th.—In addition to the above, the following liniment was ordered to be used when the pain of the face was troublesome:—

℞ Ext. Belladonnæ, gr. xij.
Ol. Amygdal. f. ʒij. M. ft. lin.

April 30th.—Cured. Discharged.

June 11th.—Having been much exposed to the cold and wet, the pain of the face has returned.

℞ Ext. Stramon.,
Belladonnæ, āā gr. ss.
Ext. Conii, gr. iij. M. ft. pil. Mitte xxiv. capt. j. vel ij. urg. faciei dolore.—Ferri Subcarbonat. ϑij. ter indies.—Mist. cath. pro re nata.

Has had no occasion for more medicine, having continued well since she took the above (August 20th).

This was a protracted case, in consequence of the poor woman being obliged to work a good deal in the fields.

In my last report I mentioned a case of epilepsy, in which it was my determination to try the effect of the tartar emetic ointment with cathartic medicines, to keep the bowels free.

William Buffenden, aged eight, was admitted an out-patient of the hospital on the 26th December, 1823. Has been subject to epilepsy since he was a year old; first attacked in the East Indies (where I believe he was born); has several fits *every day.*

December 26th. — Mist. cath. pro re nata; ung. ant. tart. brachio; pil. hyd. gr. v. quâque nocte.

1824. January 2d. — Omitt. pil. hyd.; cont. mist. et ung. ut anteà.

9th. — Persistat. Pulv. lini pro cataplasmate.

16th. — Has had no fit since Sunday the 4th January. Perst.

23d. — The mother has neglected to use the ointment; has had *twenty-seven* fits since the 16th.

February 27th. — Has had but few attacks since the 23d January, and they have been much lighter than before.

Strict injunctions were given to keep up a discharge, first from one arm, and then from the other. The mother told me that she had an opportunity of sending the boy into the country, where every thing proper would be done for him. She has not been to the hospital since; I saw the boy, however, not long ago in the outskirts of the town. His appearance was much improved; he did not appear so much like an ideot, and assured me that he was "very seldom ill now." Although I had not an opportunity of trying the above plan to the extent I wished, I am happy to find that several cases have been successfully treated with the tartar emetic ointment by Mr. Crighton junior, in the Dublin Foundling Hospital.

I must still *defer* giving some of the cases mentioned in my last report, such as "paralysis localis" (softening of the brain), "hydatids," and some others. As very interesting cases, they have been *re-admitted,* and have certainly received benefit, but the result is still uncertain. It will be observed, that out of nearly two hundred patients, notwithstanding the state of the weather, I have only had two cases of *acute rheumatism.* I am of opinion that there have been also fewer patients complaining of phthisical symptoms than usual. The cases of *phthisis,* as in-patients, were hopeless. One arrived at the hospital late in the evening, without previous notice, having travelled more than thirty miles; the

other about sixteen. After remaining about a fortnight, they were, at their own request, sent home.

It is only fair to state, that though the number of deaths in the following lists is small (five in 183), some of the cases now under treatment must inevitably prove fatal; whilst, on the other hand, a large majority have received great benefit, and will shortly be discharged, many of them cured: others, again, have not attended at the hospital for several weeks; of them, therefore, nothing is known.

Diseases of In-Patients admitted from the 1st January to the 30th June, 1824.*

		Cured.	Died.	Under Treatment as In or Out-Patients.
Abscess (vide Case I.)	2	1		1†
Anasarca, after ague	1	1		
Ascites	2			2
Bladder and kidneys, affection of	2	2		
Chlorosis	1	1		
Dropsy, general	4			4
—— ovarial	1			1
Digestive organs, chronic affection of	2	1		1
Epilepsy‡	2			2
Fever, remittent‡	1			1
—— idiopathic hectic	1			1
Head, affection of	2			2
Hæmatemesis	1	1		
Hip-joint, disease of	1			1
Icterus	1	1		
Liver, affection of‡	2	1		1
Melæna	2	1	1	
Paraplegia, with epilepsy	1			1
Peritoneal inflammation§	1			1
Phthisis	2‖			
—— incipiens	1			1
Rheumatism, chronic	7	6		1
Rachitis	1			1
Suppressio mensium¶	7	4		3
Total	48	20	1	25

* I admit those only into my list of *in-patients* who have *actually* been treated *in the hospital*, although it is customary to place all those on the in-patient list in the records of the hospital who bring letters of recommendation as such, even when want of room in the house obliges us to treat them as out-patients. Some interesting cases that had been made out-patients during the last year have been *re-admitted*, but *not included* in the numbers of the present report.

† Referred to the Surgeon.

‡ These cases in my next report.

§ This patient is particularly subject to attacks of peritoneal inflammation, and is therefore suffered to remain on the books as an *out-patient*.

‖ Sent home at their own request.

¶ All the cases of suppressio mensium have been cured of that disease; those remaining on the books are for general ill-health.

CASES OF IN-PATIENTS.

Case I. — John Whitnall, aged twenty, was admitted as a surgical patient, with abscess in the groin and great emaciation. About a pint of matter was evacuated by puncture, and he was transferred to my list for his general health. Prognosis unfavourable.

April 5th. — Decoct. cinchonæ, f. ℥vijss.; tinct. ejusd. f. ℥j.; conf. aromat. ℥ss.: coch. ij. maj. ter indies.—Decoct. aloës c. ad alv. solvendam. *Full diet; porter; wine.*

12th. — *Small-pox.* Mist. cath. quotidie. Mist. febrif. ter indies. Six oranges daily.

May 4th. — Is well of small-pox. Rep. med. 5 Aprilis præscripta. These he continued with little alteration until the 25th of June, when he was discharged *cured.* (He was made an out-patient on the 28th of May.)

Remarks. — On referring to the hospital vaccination books, I find that Whitnall was vaccinated eighteen years ago, with a brother and a sister, the latter of whom I know had small-pox in April *severely* (and I believe they both had it severely), but recovered.

The small-pox first made its appearance in the hospital in a young gentleman (one of the pupils), whom I bled in the onset; and though he had the disease severely, he ultimately recovered. He had been vaccinated in the neighbourhood of London when a child. The next case was that of a boy, who was admitted as a surgical patient for the operation of artificial pupil, which was performed. Small-pox made its appearance on the sixth day after the operation, and he died of it. I only saw him on the evening before his death. On inquiry, I found that this boy had had the natural *small-pox* eight years before, and that since that time he had repeatedly slept with children in the small-pox, both from inoculation and in the natural way. Whitnall took the disease from this boy, and had it severely. In private practice, a gentleman (who had been vaccinated in infancy) had the disease very severely, in consequence of his kind attention to the young gentleman above mentioned. I was under the necessity of bleeding him *twice,* and he ultimately recovered.

These cases were all of the *confluent sort.* I have had many other cases, differing in severity, but have not lost a single patient from small-pox.

My faith in vaccination is not at all shaken by the above cases; being by no means convinced that the disease had been properly communicated, at least according to the practice of the present day, where a *single vesicle* is never

relied on, which I have reason to believe was not the case in these patients. At the same time, it cannot be denied, that small-pox, always in a modified form, as far as my experience goes, will sometimes supervene even after vaccination has been satisfactorily performed.

There have been several cases of *secondary small-pox* in Canterbury; and, as usual, where that disease attacks the same person twice, they have been severe.

Whilst on this subject, I may be allowed to remark, that it is much to be regretted that persons (principally old women) should be suffered to inoculate for small-pox. There are many parents in the closely inhabited parts of this city who will not suffer their children either to be inoculated for small-pox or vaccinated; whilst others will not hear of vaccination, but get some unprincipled person to inoculate their children. The medical man has then only the choice of two evils — by inoculation, to render the disease more mild, or to leave them to their fate and the casual small-pox.

" Chlorosis."

Case II. — Mary Filmer, aged sixteen, was admitted on the 30th of January, with *" chlorosis."* She complained of great pain in her side, costiveness, &c. Twelve leeches and a blister to the side, with cath. medicine frequently, and fever mixture, were prescribed. Blood was also taken from the arm, which afforded relief.

On the 21st of March, her general health having been much improved, more particular attention was paid to the chlorotic symptoms: twenty drops of the *spiritus ammoniæ*, with three table-spoonsful of tepid milk, were ordered to be injected per vaginam night and morning; and on the 26th of March she was made an out-patient, with orders to continue the injection, cath. pills, fever mixture, and the saline effervescing mixture, with tinct. hyoscyami for sickness, with which she was troubled.

Early in April she menstruated, and was shortly after affected with sore throat and *modified small-pox*, which gave her very little trouble. In May, she was ordered the decoct. of bark, and the *injection, if necessary;* and on the 28th May she was discharged *cured.*

Remarks. — Filmer went to Ramsgate for change of air as soon as she was discharged from the hospital books, and shortly afterwards returned with profuse menorrhagia, which she thought was brought on by the shaking of the coach. Infus. rosar., with sulphur. acid, and afterwards the decoct. cinchonæ, with sulphur. acid, were ordered. She has since become regular.

Since M. Lavagna published his cases, in which he recommended the injection as above,* I have had many opportunities of trying it (in some cases of very long standing) with *invariable success,* and without a subsequent unpleasant symptom; for I do not attribute the menorrhagia in the present case to the use of the injection, but to the debility consequent upon a protracted illness.

CASE III.—"*General Dropsy.*"

William Edwards, aged fifty, a man of intemperate habits, was admitted into the hospital on the 5th of March, with general dropsy. The legs were acupunctured; five grains of blue pill and a grain of opium at night; the decoct. and tinct. of cinchona three or four times a day. Full diet, and a pint of porter with his dinner and supper.

March 7th.—Fiat paracentesis abdominis. Ten quarts of water were drawn off. The medicines to be continued as before.

16th.—To take half a grain of the extract of elaterium each other morning, with three grains ext. conii. Continue the other medicines.

This plan was persevered in until the 21st of May, when he was made an out-patient. He immediately resumed the office of constable, and undertook a journey of nearly six hundred miles (removal of paupers to Exeter), which he says did him a great deal of good. His name remains on the books, as the elaterium pills always remove any fulness about the abdomen, and his health is much improved by the bark mixture. Edwards acknowledged, whilst under the operation of tapping, that he had drank in *one evening* "thirty-three half-quarterns of gin" (rather more than four pints) and "seven pints of porter." This man's recovery was not only extraordinary, but very rapid. He was much emaciated when admitted into the hospital.

Two of the other cases of general dropsy are doing well under similar treatment, and I have no doubt will do as well as Edwards has done. The third case, however, is complicated with hydrothorax; and though he is infinitely better than when he came under my care, I am not sanguine enough to expect a cure. He is an old soldier, and advanced in years. Paracentesis thoracis is out of the question.

CASE IV.—"*Idiopathic Hectic Fever.*"

Maria Mummery, aged twenty-one, was admitted into the hospital on the 30th of April, with the following symptoms:

* See the MEDICAL REPOSITORY, Vol. XX. p. 265, and Vol. XXI. p. 260.

— "Great loss of strength; pulse frequent and weak; costive bowels; sense of oppression about the chest; frequent rigors, generally succeeded by heat, more so in the evening; night sweats; occasionally slight cough, without expectoration."

April 30th. — To relieve the oppression of the chest, the tartar emetic ointment was ordered.

℞ Ol. Crotonis, ♏iv.
Micæ Panis, q. s. Ft. pil. xij.; capt. j. vel ij. ad alvum solvendam.

℞ Mist. Tragacanth. f. ℥viij.
Ext. Conii, ℥iss. M. ft. mist. cujus capt. coch. magnum urgente tussi.

May 5th. — Says she has been troubled for some time past with hæmorrhoids. Ung. nuc. gall. Repetant. alia ut anteà.

11th. — To continue. *Six* minims of the croton oil to be made into twelve pills, the former ones not being strong enough, unless she took many of them.

17th. — Complains of pain in her side. Cont. pil. ol. croton. et mist. tragacanth.

℞ Infus. Digitalis,
Mist. Camph. āā f. ℥iv. Coch. duo maj. bis terve indies.

℞ Infus. Cascarillæ, f. ℥xj.
Syr. Simp. f. ℥j.
Acid. Acet. Impur. f. ℥iv. M. capt. coch. iv. maj. horâ somni.—Emplast. lyttæ cum pulv. ant. tart. lat. dolent.

June 1st. — The bowels have become more regular. Capiat pil. submur. hydrarg. comp. gr. v. quâque nocte, c. pil. scillæ comp. gr. x. nocte maneque.

℞ Myrrhæ, ℥iss.
Decoct. Glycyrrhizæ, f. ℥viij.
Acid. Sulphur. Aromat. f. ℥iss. Coch. ij. maj. ter indies.—Confect. sennæ ad. alv. solvend.—Cont. infus. cascaril. c. acid. ant. h. s.

16th.—She was now desired to take the ext. conii night and morning, and the infus. of cascarillæ, with *solution of opium in nitric acid*, three times a day, which she continued, with some advantage, for about three weeks, when it was thought advisable to send her into the country as an out-patient.

Mummery had tried the various purgatives in common use with little effect. I was therefore induced to give the croton oil, which answered well; it improved the state of the bowels, without increasing the debility, and the appetite became better. Her features are strongly characteristic of

the hectic* diathesis — fair skin, yellowish-brown hair, blue eyes, lax fibre, sanguine temperament; and though there is no disease of lungs at present, it is greatly to be feared that there will be.

"Idiopathic hectic has been known to last for three months without any pulmonary affection, and then to break out in the lungs."†

For the conflicting opinions of authors of celebrity, as well as for much valuable information on the above disease, Dr. Mason Good's excellent work may be consulted with advantage.

Case V. — "*Paraplegia, with Epilepsy.*"

David Russell, aged twenty-one, was admitted into the hospital on the 9th January, with "complete loss of power in the lower extremities. He was subject to epileptic fits. Oppression about the chest. Digestive organs much deranged." The comp. calomel pill night and morning; the tartar emetic ointment to the lumbar region; camphor mixture, with nitric æther, during the day.

January 20th. — Tinct. of digitalis was added to the day mixture, and a blister sprinkled with tartar emetic powder applied to the chest.

28th. — Twelve ounces of blood to be taken from the arm, and a blister to be applied to the chest, if necessary.

February 6th. — Twelve leeches to the chest. Med. as before.

10th. — The tartar emetic ointment to the chest.

Under this treatment his health was much improved, fits less frequent and severe, and he was able to move his legs a little. The ointment annoyed him very much, and he complained of a spasmodic affection of the diaphragm previously to being attacked by his fits. On the 25th February, therefore, I ordered the ointment to be left off; a caustic issue to be made between the scapulæ, and another in the loins; some antispasmodic drops (tinct. valer. ammon., spir. ammon. fœtid., et tinct. stramon.) to be taken on the approach of the fit; the shower-bath every second morning; the camphor mixture, with digitalis, to be continued; the comp. submur. pill to be omitted.

This treatment was persevered in for a month with very decided benefit in all respects. He could now (25th March) walk the length of the ward with the assistance of one of the patients. Fits neither so severe nor so frequent.

March 25th. — To leave off the bath and the medicines

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* Stoll. † Percival.

before prescribed, with the exception of the antispasmodic drops; to take an electuary, composed of Angustura bark, subcarbonate of iron, pulv. aromatic., and syr. of ginger, three times a day; and as the bowels had become slow, cathartic medicine frequently.

April 14th. — The shower-bath to be used three times a week; the electuary, &c., to be continued.

June 4th. — He was made an out-patient, with orders to continue as before.

Russell had recovered the use of his legs, and was even well enough to go *hay-making;* some bright sunny days, however, brought pain in the head, and the fits became more severe. These symptoms were relieved by bleeding, leeches to the temples, and purgatives.

As Russell remains amongst the list of out-patients, I shall have an opportunity of noticing his case in a future report: in this instance, epilepsy is an hereditary complaint, and can be traced back three or four generations.

Case VI. — "*Melæna.*"

William Williams, aged twenty-six, was admitted on the 20th of February, with melæna. The breathing evinced that there was also very considerable disease of lungs. Affection of the head, great emaciation, and sallowness of the skin. The compound submuriate pill at night, and spir. terebinth. and ol. ricini every second morning, greatly improved the motions, and after the first week there was little or no appearance of dark grumous blood. The affection of chest becoming more urgent, with a peculiar jerking, quick pulse, ten ounces of blood (much inflamed) were taken from the arm, and a blister was applied to the chest, which afforded considerable relief. Camphor mixture and tinct. of hyoscyamus in the day, and a powder, composed of potass. nitrat. gr. xij., pulv. opii, pulv. ipecac. āā gr. j., at night. He had low muttering delirium; and it was with great difficulty that the nurses could get him to take any medicine.

He died on the 6th March.

Mr. M'Andrew was kind enough to assist me in the examination of the body nine hours after death.

Lungs, on the right side, much shrunk and disorganized,* with considerable effusion of water into the cavity of the pleura; on the left side, lungs thickly studded with tubercles, and adhering firmly to the pleura costalis.

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* Vide "Archives Générales de Médecine," Memoir by M. Andral junior.

Liver enlarged, and somewhat softer than usual.

Spleen very large and soft, the finger readily passing into its substance; when pressed, a dark, thick fluid exuded, which, when diluted with water, assumed the exact colour of the motions.

The other viscera healthy. I regret that want of time and the expectation of the man's friends prevented our examining the head, &c. &c.

CASE VII. — "*Rheumatism affecting the Pericardium.*"

William Foster, aged twenty-three, a private in the 15th Hussars, being unable to leave Canterbury with his regiment, was admitted into the hospital on the 18th June. Upon inquiry, I found that about four years ago he had suffered from a severe attack of acute rheumatism, for which he was repeatedly bled by the regimental Surgeon;* that *whilst* the pains in his limbs were very severe, he suddenly felt violent pain in the side, with great palpitation of the heart; that he eventually got well enough to resume his regimental duties, *all of which* he performed (though he has never been free from the palpitation) until about the beginning of May, when he was again the subject of acute rheumatism.

I was requested by my friend Dr. Jeyes, *now* Surgeon of the 15th Hussars, but who had not the treatment of Foster in his *former* illness, to accompany him to the Military Hospital about the 10th of June. Foster was labouring under acute rheumatism, for which he had been bled (three times), freely purged, had taken colchicum,† &c. &c. My attention was arrested by the state of the pulse, which, in the right arm, was full and vibrating, in the left, small; with intermissions in both; the action of both carotids greater than natural. I ventured to suggest the exhibition of digitalis, which was given, but to what extent I do not know.

Foster was brought to the Canterbury Hospital on the 18th of June. He was pallid and much reduced both in

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* Dr. Johnson has published some similar cases lately, and thinks it probable that the disease, when repelled from the extremities, attacks the pericardium. In this case, (if Foster is correct, and I see no reason to doubt it, as he is a very intelligent man,) the disease continued with unabated violence in the limbs when the affection of the heart came on.

† Dr. Jeyes endeavoured to find out, by reference to the hospital books, what medicines had been given to Foster in his former illness, but did not succeed — probably not colchicum.

flesh and strength; the rheumatic pains much mitigated; the pulse as above described; slight sore throat.

June 18th.—Infus. digitalis, f. ℥vss.; tinct. sem. colchici, f. ℥iij.; acidi hydrocyami, ♏xx.: coch. ij. maj. ter indies. Garg. liquor. calcis, &c.

25th.—The intermission of pulse more frequent. Omitt. infus. digitalis.

℞ Mist. Camphor. f. ℥viiss.
Tinct. Sem. Colchici, ℥iij.
Magnesiæ Carb. ℥ij. Coch. ij. maj. ter indies.

30th.—He was ordered to resume the mixture, with infus. of digitalis, which he continued to take until the 13th July, when he finally left it off, the pulsations in both radial arteries (which throughout the disease were synchronous with the action of the heart) having become more natural and of the same strength; whilst the action of the heart continued nearly as inordinate as it had been for four years past.

From this time (13th July) he took the camphor mixture, with colchicum* and magnesia, during the day. He was also allowed, at his earnest request, half a pint of porter daily, which was continued, as no bad consequences ensued; on the contrary, his health and strength were much improved by it; and at the end of the month he declared himself capable of undergoing the fatigue of a *field-day*.

I applied to the War Office on the 1st of August for a route to enable Foster to join his regiment in Ireland; it did not reach me, however, until the 9th or 10th: in the mean time, Foster made himself very useful, and was always the first to run from the *upper wards* to fetch any thing that might be wanted. Though the action of the heart was increased by the exertion, it did not produce any uneasiness. He was sent to his regiment on the 13th of August, in very good health, the action of the heart, according to his own opinion, being less than it had been at any time since his first attack.

It may be said, perhaps, that this was organic disease of the heart. Few cases go on for any length of time without enlargement taking place, generally of the left auricle and ventricle, which might possibly have been discovered in this case by a person more *au-fait* at the use of the stethoscope†

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* From experience, I am convinced that the effect of colchicum is much more *certain and decided* when combined with magnesia.

† Vide Archives Gén. Cases by Drs. Ferrus, Bouillaud, &c.

than I profess myself to be. If such were the case, I doubt whether the symptoms would have been so much relieved.

Dr. Abercrombie, in speaking of inflammatory affections of the heart, says: — "This highly dangerous and insidious affection occurs to us most frequently in connexion with rheumatism; but it may also supervene upon any other febrile disease, or it may come on in the idiopathic form, without any previous disorder. In its connexion with rheumatism, it may either attack when the rheumatic inflammation has suddenly receded, or it may appear at the termination of the disease, when the rheumatism has yielded in the ordinary way; or it may appear without any change in the rheumatic symptoms, *and both complaints go on together.*

"The disease occurs in a more chronic form, in which it steals on slowly and insidiously, without exciting much alarm. The affection goes on gradually increasing — the pulsation becomes permanent. On dissection, in both forms of the disease, we generally find extensive adhesion of the pericardium to the heart; or sometimes, though more rarely, both surfaces covered with coagulable lymph, without adhesion. *In cases which have gone on for a considerable time, the heart is generally enlarged.* This enlargement seems to be in many cases confined to the left ventricle, and to consist of an enlargement of the cavity, without thickening of the parietes. In a case by Dr. Baillie, it contained two pounds of blood. The substance of the heart is generally pale, soft, and flaccid; and, in some cases, the effects of inflammation have been found in the cavities, as deposition of coagulable lymph within the ventricles or about the valves, thickening of the valves and tubercles, or projections of various sizes on the inner side of the auricle or ventricle."*

In concluding this case, I may be allowed to state, that Foster, though repeatedly cautioned, more than once fell in with some of his old comrades when he was suffered to go into the town, and drank very freely, even to intoxication, but did not suffer the slightest inconvenience from it. How long he may remain without unpleasant symptoms I cannot presume to say, but must repeat, that when he left the hospital he had regained his flesh and healthy appearance; the palpitation of the heart, however, though mitigated, still continued.

I shall now proceed to give a list of my out-patients for the same period, viz. the first six months of 1824, with

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* Abercrombie on Diseases of the Heart, pp. 16—18.

observations on a few of the cases only, being unwilling to occupy too much space in the valuable pages of the REPOSITORY.

Diseases of Out-Patients from the 1st January to the 30th of June, 1824.

	Males.	Females.
Cured	38	46
Received benefit	2	1
Died	2	2
Remain on the books	19	25
	61	74

Total out-patients in the six months, 135.

MALES.	RESULT.				
Diseases of Out-Patients.		Cured.	Received benefit.	Died.	Remain on the Books.
Amaurosis of left eye, with intense headach	1	1			
Asthma	2		1		1
Bladder and kidneys, affection of	3	2			1
Dropsy—anasarca	2	1			1
Diabetes	1				1
Erysipelas	1	1			
Epilepsy	1				1
Fever, intermittent	1	1			
Hydrothorax	1				1
——— with general dropsy	1				1
Hæmoptysis	2		1		1
Hepatitis, acute	1	1			
——— chronic	3	2			1
Hæmatemesis	2	2			
Liver, stomach, &c., chronic affection of	5	4			1
Melæna	3	2			1
Mesenteric glands, disease of	5	4			1
Obstipatio	2	2			
Phthisis	4			2	2
——— incipiens	5	4			1
Pyrosis	1	1			
Prostate, disease of	1	1			
Rheumatism, acute	2	2			
——— chronic	6	4			2
Spine, disease of	1	1			
Splenitis, with disease of spine	1				1
Stricture of urethra, with general ill health	1	1			
Small-pox	1	1			
Vertigo	1				1
	61	38	2	2	19

FEMALES.	RESULT.				
Diseases of Out-Patients.		Cured.	Received benefit.	Died.	Remain on the Books.
Ascarides	3	2			1
Asthma	2	1	1		
Breast, affection of	2	1			1
Bronchocele	1				1
——— with anasarca	1				1
Chlorosis	3	3			
Diarrhœa	1	1			
Digestive organs, chronic affection of	7	7			
Dysmenorrhœa	1				1
Debility	1				1
Erysipelas	1	1			
Epilepsy	1				1
Fever, remittent	1				1
Glands of the neck, scrofulous enlargement of, with debility	2	2			
Hæmoptysis	4	1			3
Hysteritis	1	1			
Hydrothorax	1	1			
Hæmorrhoids	1				1
Incontinence of urine, with chronic affection of chest	1	1			
Leucorrhœa	1	1			
——— with psoriasis diffusa	1	1			
Mesenteric glands, disease of	2	1			1
Mania	1*				
Nephralgia	2	1			1
Neuralgia	1	1			
Obstipatio	2	2			
——— with great deformity of the spine and debility	1				1
Pleuritis	2	2			
Phthisis	6			2	4
——— incipiens	8	3			5
Psoriasis	1	1			
Porrigo	3	3			
——— decalvans	1	1			
Pyrosis	1	1			
Rheumatism, chronic	1	1			
Suppressio mensium	3	3			
Tussis chron.	1	1			
Uteri prolapsus	1	1			
	74	46	1	2	24

Total Out-Patients.....135

Of whom —

Were cured	84
Received benefit	3
Died	4
Remain on the books	43
Sent to her parish	1
Total	135

* Sent to her parish.

"Melæna — Disease of Mesenteric Glands."

John Wraight, aged ten, was admitted an out-patient with melæna and disease of the mesenteric glands.

January 23d. — Hydrarg. c. creta, gr. viij. quâque nocte. Mist. camphor. f. ʒvij.; sol. muriat. calcis, f. ʒj. M. Coch. magnum ter quaterve indies. Spir. terebinth. rectif., ol. ricini, āā f. ʒij. Capiat 4tam pro re nata. Mist. cath., &c.

February 6th. — The mother of the boy, instead of giving a *fourth part* of the turpentine mixture, as ordered, when he passed bloody stools, has only given a dessert-spoonful, and thereby produced great irritability of bladder, bloody urine, &c. &c. Decoct. hordei, with tinct. hyoscyami. An injection of warm water into the rectum twice a day.

13th. — Still complains of a good deal of pain; has passed no blood by stool, but little with his water. Cont. med. Empl. lyttæ sacro. Pil. opii (gr. j.), vel ij. urg. dolore.

March 5th. — Decoct. and tinct. of bark were now ordered, with soda. A cathart. mixture.

12th. — Cont. med. To have enough to serve him for a month, as he is going to the sea-side.

April 9th. — Cured. Discharged.

In this case very little blood passed per anum after the affection of bladder came on. The *whole* of the mist. terebinth. was given in the course of the week, but not in the proper doses. Palliative means could only be adopted, as the boy was of a very weakly habit. I expected at one time to have lost him. A sister of this boy was also under my care for mesenteric disease.

"Amaurosis, with intense Headach."

James Knight, aged nine, was admitted an out-patient of the hospital, with amaurosis of the left eye and intense headach.

March 26th. — Blue pill night and morning. A saline and a cathart. mixture were ordered for him.

April 2d. — Cont. med. Empl. lyttæ temp. sinist.

9th. — Cont. pil. hyd. Rep. empl. lyttæ temp. sinist. &c. Sol. sulphat. magnes. f. ʒvj.; tinct. jalap.,—sennæ comp. āā f. ʒj. M. To be freely purged.

30th. — Rep. empl. lyttæ. Cont. med.

May 21st. — Cured. Discharged.

In the case of a little girl, aged seven (Frances Barrett), who has been subject to purulent expectoration for three or four years past, sometimes to the quantity (according to the mother's statement) of a *pint and a half* in a morning, I

have given the solution of the hydriodate of potass with very decided benefit, both as regards her general health and the quantity of matter expectorated. This preparation I consider infinitely superior to and safer than the pure iodine; but as I have only lately had an opportunity of trying it in my *hospital practice,** (although I have prescribed it in private practice with advantage, but in much *smaller doses* than are usually given,) I must decline giving any farther remarks till a future report.

The case "*diabetes,*" of which I hope to give a good account, is an old patient of the hospital. He was admitted as an *out-patient,* under my care, on the 2d June, making, on an average, sixteen pints of diabetic urine in the twenty-four hours. I entertain sanguine hopes of a cure, as he is gaining *in weight,* and the egesta very little exceed the ingesta; but I must not anticipate.

In conclusion, I take leave to state my regret that the above report, written "*currente calamo,*" is not more worthy the perusal of the readers of the Repository: I have not time for studied composition, neither is it necessary — my only object is to record facts.

St. George's Place, Canterbury, August, 1824.

II.

Adversaria Medica et Chirurgica. By John Fosbroke, Esq., Surgeon, Cheltenham.

No. II. — *On the Use of Cubebs in the Treatment of Affections of the Mucous Membranes in different Parts of the Human Body; with Cases.*

(*Concluded from page* 376.)

My cotemporary in pupilage, Mr. Hickes, Surgeon at Berkeley, has communicated to me the outlines of some cases, which corroborate my opinions of the usefulness of cubebs.

When Mr. H. gave this report, he had used the cubebs for about twelve months, in cases of dyspepsia and mucous diarrhœa, attended with pyrosis; and, combined with soda, in affections of the urethra and the bladder, attended with

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* Iodine has been for a considerable time past given in the Kent and Canterbury Hospital. The first parcel of the *hydriodate of potass* was received there on the 24th of June of the present year, 1824.

ardor urinæ and pain in micturition. His consumption of this drug, in officinal exhibition, in the course of the year 1822, amounted to twelve pounds.

Mr. H.'s Cases.

I. — Elizabeth Sanger applied to me last May. Her symptoms were general nervous irritability, great depression of spirits, pain in the right hypochondrium, with tenderness on pressure; much flatulency; voids quantities of slimy mucus with her evacuations; secretion of urine scanty, attended with a smarting pain and heat in voiding it; extremities cold; pulse about 100.

Bleeding was recommended to the patient, but objected to. Aperients and the alkalies were prescribed for her, and seemed to afford some relief; but a catarrhal affection supervening from exposure to cold, the original symptoms were greatly aggravated, and she was confined entirely to her bed. After the inflammatory symptoms were in some measure subdued, I prescribed for her as follows: —

℞ Pulv. Cubeb. ʒj.
Sodæ Carb. ʒss.
Muc. Acaciæ, ʒvij.
Aq. Menth. Vir. ʒv. M. Sumat coch. magna iij. ter in die.

To remove costiveness, sulphate of soda and magnesia to be taken every other morning. After pursuing this plan for a few days, she felt much better, and within a month she was enabled to fill her usual avocations.

Case II.

Eliz. Knight, aged between thirty and forty years. Violent pain of stomach, with eructations of a watery fluid; passes slimy mucus at stool; experiences considerable smarting pain in voiding her urine, which is secreted in small quantities, and is rather high-coloured; flatus excessively distressing and painful; tongue dry and furred in the morning; pulse quick. V.S. ad ʒxij. Pil. cambog. co., with calomel and opium, to be taken at bed-time. A mixture of magnesia and liq. ammoniæ to be taken when flatulency is distressing.

August 3d. — Pain and flatulency not so great; other symptoms the same.

℞ Pulv. Cubeb. ʒij.
Bysm. Oxyd. ʒss.
Muc. Acaciæ, ʒss.
Sp. Cinnam.
Simp. Syr. Sirup. āā ʒvj.
Aquæ Puræ, ʒvj. M. Sumat coch. magna iij. ter in die.

In a few days the disease began to yield; no pain in voiding urine; the quantity secreted much larger; scarcely any mucus passed with the evacuations. Pursuing the same plan of treatment, with occasional aperients, she recovered in the course of a short time.

Case III.

Mrs. M. This case is, in many respects, similar to the last mentioned. Pyrosis, with the mucous disease of the intestines. Pulse quick; secretion of urine scanty; pain of head. V.S. ad ℥xij.

℞ Antim. Tart. gr. ⅛.
Hyd. Subm. gr. ij.
Pil. Cambog. Co. gr. vj. M. Divide in pil. iij. h. s. sumendæ.

Cubeb mixture as above. Recovery rapid, and enjoyment of health good ever since.

Mr. Hickes found that the ordinary dose in gonorrhœa was not sufficient. He has therefore given cubebs in six-dram doses * three times a day. He does not recollect a single case, in which he has used it thus, in which the failure was complete; that is to say, in which the disease was not cured or much mitigated. One interesting case is transmitted by him, which I shall here record.

Case IV.

Mr. ——, a married gentleman, for some years since, has occasionally passed mucus mixed with blood from the urethra during micturition, unaccompanied either with pain or heat about the parts. He has always a bloody discharge *post coitum;* there is also much enervation and relaxation of the generative functions, insomuch that he does not experience the venereal desire as formerly, although a young man. He is much disturbed with the apprehension that some organic disease is taking place. I gave him the following mixture: —

℞ Pulv. Cubeb. ℥j.
Sacch. Alb. ℥jss.
Muc. Acaciæ, ℥vj.
Tinct. Humuli, ℥j.
Aq. Menth. Vir. ℥vj. M. Sumat coch. magna tria ter in die.

After commencing this mixture, he found considerable

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* In the morbus mucosus intestinorum, the administration of half-ounce doses has not been more beneficial than when it was

benefit within twelve hours, and within two days all the unpleasant symptoms were removed.

When I shall publish the results of a long and minute investigation into the nature and treatment of difficult cases of gonorrhœa, I shall be enabled to offer many interesting observations concerning the use of cubebs in that disease.

Mr. Liston, of Edinburgh, whose skill and success in the performance of the most perilous operations of surgery is unequalled, writes to me:—"I have to thank you for a valuable hint as to the use of cubebs in affections of the mucous textures in different parts of the body. I have tried it since, and with advantage." — June 12, 1823.

I have been given to understand that Mr. Liston found it of use in a case of inflammation of the larynx, with ulceration.

I requested Mr. Nind, a young medical Practitioner in Cheltenham, whose opportunities were considerable, to institute a series of experiments, with cubebs, on such affections of the mucous membranes as might occur in his practice. In his report, he speaks favourably of their influence in inflammatory affections of the larynx, trachea, and in ulcerated sore throat, conjoined with capsicum and Peruvian bark. Though the latter are to be considered powerful adjuncts, "the remedies thus administered effected more towards arresting these affections than any separate component could have accomplished. He gives one case, more especially, in which cubebs had a powerful influence:—"In April 1824, I was desired to visit a Mrs. Green, in Melsom Street; but being from home, Mr. Fosbroke saw her for me. He found her complaining of pain in the situation of the larynx, directing with the finger to the thyroid cartilage; of tickling and irritating sensation in this part; difficult breathing, with dread of suffocation; voice thick, and so low as with difficulty to be heard; pain deep in the left side of the thorax; fauces swoln; deglutition painful and difficult; pulse quick. She was a scrofulous subject, having had a tumour over the insertion of the right sterno-mastoid muscle and bronchocele, which were reduced by sponge lozenges. Mr. F. took away ℔j. of blood from the arm, and ordered purgative medicines. A few hours after he had seen her, the symptoms not being much relieved, I ordered leeches to be applied to the throat; but some difficulty having arisen

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given in smaller quantities. I lately tried cubebs in a severe case of dysentery, but it did neither good nor harm. Opium only, followed by purgatives, can be depended on in that disease.—F.

in procuring them, I gave her, in the mean time, cubebs, one dram and a half in a dose, to be taken three times a day, with a capsicum gargle. The pain did not admit the use of the gargle. The relief was so immediate after taking the powders, that she would not have the leeches applied. Her recovery, from the continued use of the powders, was complete in about three days after the attack." Mr. N. states his opinion that cubebs are more serviceable in the acute than in the more advanced stages of inflammation of the throat and larynx. He concludes with some interesting observations on the use of cubebs in gonorrhœa, which I shall reserve until the publication of some observations on that disease.

General Remarks.

It appears to me that we have, for some time, acted on principles of practice similar to the foregoing in the treatment of many local affections, but without inquiring into the foundations of those principles, or whether they were applicable to affections of a similar nature in the several expansions of the mucous membranes. The cayenne,* an aromatic almost equivalent in power to the cubebs, and identical in action, has been used in indolent inflammatory action of the pharynx and fauces, in the sore throat, of scarlatina, &c.; and Ward's paste in affections of the rectum and fistula in ano.† It will be seen that the Physicians of a previous century were more awake in this respect than the

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* Some pretences have been made that cayenne has *lately* been discovered to be equally potent with cubebs in gonorrhœa. The fact is, that comparative trials of these two and black pepper were made on a large scale in Edinburgh some years ago, of which, as far as my memory serves, the result was, that the separate powers of cayenne and cubebs were about equal. I have not tried the pip. nig. in gonorrhœa, but in the morbus mucosus intestinorum it is apt to disorder the stomach. The tinct. pip. nig. (called the "*blood-red tincture*") was formerly much used in cerebro-stomachic affections.

† I have enforced the necessity of *fining down* in cases of fulness previous to the use of aromatics. Lieutenant-Colonel K——, about forty years of age, of spare but hæmorrhagic habit, was affected the summer before last with piles, which he found inconvenient in the pursuit of angling in North Wales. He used Ward's paste in great quantities, which suppressed them. Irregular circulation to the head followed, with eruptions on the scalp, and a hard metallic fulness of pulse. Successive bleeding relieved him. The blood was buffy, and coagulated firmly. He was afterwards attacked with pneumonia.

modern. Certain it is that remedies of this class have a peculiar effect upon inflammations of surfaces of the mucous kind. Knowing the laws which these membranes observe in inflammation to be so different to those that influence any other textures, and often, in consequence, more difficult to control, it is the more singular that the freer use of these agents should not have been practised by medical men. By what mode of action they exert their influence it is not easy to discover: but this much we seem to know, that it is rather by direct application, or by extended impressions from one part of the surface to another, than through the medium of the constitution. In gonorrhœa, the impression on the urethra seems to be through the impregnation of the urine with the cubebs. The first impression is indicated by an increased irritation of the surface affected, which, however, is soon followed by a diminution of the morbid sensibility; that is, there generally takes place a conversion from pain to itching. This alteration of the action of parts, therefore, appears to be connected with a change of the nervous sensibility in the first place, and of the action of the circulating apparatus in the next. By inflammation, the *natural* sensibility of mucous membranes seems certainly to be perverted and diminished; and a much greater degree of any stimulus is required to excite sensible impressions upon them in a diseased state, than in a healthy condition. At the same time, though the natural sensibility be wanting, a state of sensibility exists, which is incited by the morbid action existing in the parts affected. By means of these distinct states, very different impressions are made by any stimulus on a mucous membrane in a state of health and of disease.

Of the peculiar powers of remedies of the mixed aromatic and piniferous principles over the mucous membranes, their great stimulating properties alone seem to constitute a great part, and the mere circumstance of their exerting sensible impressions of another kind than those caused by the disease in progress, to go towards a salutary change. If we observe carefully the laws which regulate the diseases of mucous membranes, it is evident that the tendency to recover a healthy state is greater than the bias that supports the diseased state; but the natural power, notwithstanding, is often inadequate. Thence arises a consent with remedies that have a high degree of stimulating force. The mucous membranes fall quickly into diseased actions most acute on the first occurrence, and least durable; less acute afterwards, but more slow and tenacious of the parts. The constitution so readily participates in the diseases of mucous

membranes, that it generally gets into a state which tends finally to keep up the original affection. It is of much importance that these principles should be had in farther consideration; for, in a practical point of view, they may be turned to great account. We have to learn whether they will afford any aid towards a more successful treatment of the ulcerative processes of mucous membranes.

The beneficial effects of the cubebs depend much on the force of the first impression. If the morbid action to which this remedy is opposed be not weakened before the parts accommodate themselves to the stimulus of the cubebs, the cubebs will not wholly cure the disease. I am inclined, however, to think that the cubebs have always some favourable effect, however partial it be. In gonorrhœa, when it has failed to arrest the disease wholly, it has seemed to have lessened its extent, severity, and duration. In repeated gonorrhœas, it is more fallible, because the parts have become more habituated to the stimulus. In general diseases of the mucous membranes their active influence is very soon manifested; and in the most chronic cases, patients declare that their sensations are wholly changed, that they are under the influence of a stimulus of a pleasant and enlivening nature.

But if the success is not tolerably complete at first, and the disease finally obtains the mastery, the cubebs cease to exert their primary power. I have seen this often. In Mrs. C.'s case, their influence was sustained much longer, and their operations much more gradual, than in any other instance; and when recurred to, their action was always as lively as at first.

The oxyde of bismuth is the chief auxiliary. It is at all times efficient in controlling and calming irritable states of the mucous membranes, combined with increased action of the vessels. Dr. Jenner used it for many years with undiminished confidence.

There are no diseases in which it is of more importance to have a multiplicity of remedies, than in affections of mucous membranes. The diversity of morbid sensations, the fickleness and fluctuation of symptoms, and the peculiarity of morbid actions in these parts, render it necessary to have many resources, fallible though they be.

Concerning steel, which I have sometimes combined with cubebs, especially in the later stages of inflammatory affections of mucous membranes, much is left to learn as to its action on the nervous constitution of parts. I cannot but think that our utmost knowledge of its uses is very far from being complete. It is certainly applicable to forms of

morbid action, in which we could not use any other simple or active stimulus without producing mischief. Its most obvious properties are to restore tone, without exciting ruder action; and many times it exerts influences both of an alterative and sedative quality.

When we combine this view of the effects of steel, which every attentive Practitioner must have noted, with our observation of the instrumentality of concomitant nerves in increasing the action of vessels, thereby hangs a clew to guide our further researches. In the conditions intimated, much evinces that the undue irritability of the nervous system of a part is accompanied with an action of blood-vessels which is the result of debility;—that such a condition is often overcome by remedies that lessen the irritability of the one system, at the same time that they increase the natural tone of the other. To place the inquiry in another point of view, may not this obscure state of the nervous system of a part be an effect of diminished tone; nay, which being admitted, the change in the vessels may be merely the effect of a restored healthy action of the nervous functions?

To abandon speculation—researches into the traditions of early medicine would seem to import that the relation of cubebs to the mucous membranes, as a remedy, was not wholly unknown to the Physicians of past centuries. Salmon, in his History of Famous Cures,* quotes a case of Gralingius, which shews that it had been used successfully in epistaxis. It occurred to a nobleman, in consequence of excessive ardour in the chace, and "great shouting and hollowing," and was attended with an "abundant and immoderate flux of blood," followed by loss of animal heat and vertigo. He was cured by external irritants, formed of essential oils, and a compound of the mixed aromatic and piniferous simples, of which cubebs was the chief member, taken in dram doses twice a day in hot wine. So, also, in epistaxis and many hæmorrhagic affections, which were followed by vertigo, and connected with nervous distempers, hysteria, &c., and also with disordered action of the digestive organs, cubebs, given simply, or in combination with aromatics, in wines (especially Malaga wine), are several times mentioned by Georgius Horstius as of signal use.† In Dr. Jenner's practice, the case of an individual occurred, who had successive attacks of hæmoptoe, with cough and

* Praxis Medendi, or History of Famous Cures, by William Salmon, 4to. 1684.

† Tom. III. p. 194.

other pulmonary symptoms. The usual means had been tried ineffectually. As a mere *do-something*, the cubebs were prescribed. Singular to say, the hæmorrhage ceased: the patient had no subsequent returns. This individual was brought to Dr. Jenner by a respected friend and active Practitioner, Mr. Fry, at Dursley.

In catarrh, a term which formerly included all cases attended with cough, constant expectoration, headach, and emaciation — in fact, the bronchitis of modern times — the remedy was used after the same fashion. Salmon mentions twenty-five cases of this description, complicated with numbness and paralysis of parts, in which the cure was effected by giving, twice a week, mercury and elaterium, to cause watery purging, and potations of a mixture formed by giving cloves, ginger, castor, and cubebs, in Canary wine, aided by the application of vesicatories. Very large doses of opium, viz. of two, four, and seven grains, at bedtime, were given in chronic bronchitis. In cases of pyrosis, attended with cough and thick mucous expectorations from the thorax, this same compound, and preparations of sarsaparilla, were used successfully.*

Preparations of sarsaparilla were very favourite remedies in disorders of the mucous membranes of the chest and abdomen. The stomach powder, formerly much used in dyspeptic affections, had for its chief ingredient cubebs, with the other aromatics and aloës. A case of catarrh, not unlike the case of Mrs. C——, of many years' duration, with a "vehement distillation," is mentioned as cured by the same compound.

The cubebs were also very much used in catarrhs, as a sialagogue.† It was customary to stop the nose whilst they were chewed. They consisted of cubebs, mastich, pyrethrum, and aromatics, combined.

When catarrhal affections, or disordered states of the digestive organs and of the mucous membranes of the abdomen, were combined with irregular hysteria, myrrh, castor, and savine, were added.

If modern Physicians have not justly appreciated cubebs, it would appear that the evidence of former times, which is quite as much deserving of credit, when the Practitioner merely described what was evident to his senses, bears ample testimony to their value. It is strange that cubebs should ever have been expelled from the London Pharma-

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* Salmon, p. 137. Pyrosis was formerly generalised under the term catarrh.

† Case xciv. p. 203.

copœia, overwhelmed as it is with more doubtful remedies. To prevent a numerical poverty of therapeutical agents, many of a long file of Linnæan names still tarry, which only encumber the ground, and surround and conceal individuals of some actual virtues, were they estimated according to a right application. A great number of these weeds would better suit for manure than medicinal exhibition. The healing art is bettered by no means by the abundance of remedies, so much as by the intimate knowledge of the appropriate virtues and direct use of a few. These things afford warnings to men of plain common sense not to put too much trust in colleges.

I have rather endeavoured to shew in what manner and at what times this remedy may be rendered useful, either given alone or conjointly with other remedies, than to claim for it any single or exclusive power of curing diseases. Though the adjuncts to it demand a certain share of estimation, the influence of a principal agent is well marked in the greater number of cases in which it has been employed. I leave it, however, to others to form their own conclusions, and to apply it with as much confidence in its individual powers as they think merited.*

This has been objected to cubebs, that it was a discarded member of the dispensatories, for which I have, in some degree, accounted just now; next, that when it has failed in gonorrhœa, it has produced inflammation of the bowels or of the bladder, and sometimes cutaneous affections, *e. g.* boils. I have heard of no such examples in the practice of a numerous circle of medical friends. In one instance of its administration for an affection of the mucous membranes of the bowels, a boil formed on the hand; and in Mrs. C——'s case, some affection of the bladder supervened after a lapse of weeks. Both circumstances might just as well be alleged to any other cause as to the use of cubebs. These opprobria rest chiefly upon metropolitan authority. The objection founded in earlier experience is the result of superficial inquiry. It was formerly too often overwhelmed in farragos to obtain for it a particular reputation. As respects its fallibility in the metropolis, it happens, perhaps, that the modifications which the human constitution undergoes in city life, render the unsusceptibility for particular remedies greater than in the country. I have reason to believe that it

* At all events, combination will afford great room for the ingenuity of the prescriber; and any reinforcement of its powers will afford no argument against its effects as a principal agent, which may not equally affect every other member of the *materia medica*.

is often rendered inert or untoward through defect of the drug itself. That used in general practice is rarely good for any thing. Several gonorrhœal patients, of good understanding and distinguished respectability, have informed me that they could only procure it genuine, and capable of acting on the disease, from *one or two* sources in London. It is said that the active principle resides in the essential oil, the presence of which is proved by rubbing on paper. Excessive doses can only be required when the cubebs are weak. In this manner medicines get into ill repute. Moreover, what but disappointment can be expected to follow, when derangements of the general functions are not previously set right by alteratives and deobstruents?

Further illustrations must be reserved until the appearance of some reports of the treatment of cases of gonorrhœa, and of a small work on the Relations of Disorders of the Kidneys, and their Functions, to those of the other Viscera.

III.

On the Treatment of Old Ulcers of the Legs. By James P. Hill, Esq., Member of the Royal College of Surgeons in London.

Notwithstanding the numerous, and, I may say, very valuable papers which have been, and still continue to be, written on medical and surgical subjects, I am rather surprised that so few of the Profession have turned their attention to the treatment of what are called sore legs, or ulcers in the leg of long standing. This disease being principally found amongst the labouring classes, must, of course, be of consequence, as many of them thereby become burdensome to their parishes or to hospitals. Mr. Baynton, of Bristol, many years since published a work called "A New Way to Cure Old Ulcers," &c., 1779, and was, in that work, the first who recommended strapping, or the employment of slips of adhesive plaster, or soap cerate, spread pretty thickly on calico, to ulcers of this description. The reason of my making these observations is this: the plan he recommends is that of applying the slips, which ought to be about two inches broad, from some way below, to an equal or nearly-equal distance above the ulcer, so as to keep up an equal degree of pressure upon all the parts, and, at the same time, to bring the edges of the ulcer as nearly together as possible. All this, I believe, may be found in Cooper's Surgical Dictionary, but I do not there see any mention

made of the soap cerate. Now this remedy I know Mr. Baynton used during the latter part of his practice, and the cases he used it in were those where the irritability of the skin was so great as to prevent the use of the adhesive plaster.

I some short time since saw, at the request of a medical friend, a patient, whom he had been treating according (as he said) to Mr. B.'s plan; but instead of Mr. B.'s plan being used, he had applied several slips of plaster, about an inch broad, forming so many bands over, and so many sources of irritation to, an already too irritable ulcer. I immediately took them off, and applied straps of twice the width, allowing them to overlap each other about half an inch, thus having but one edge, where formerly there were three. There are some who, doubtless, will say, "But still there is some irritation from the treatment you speak of;" this I allow, but, by changing the situation of the edges of plaster every day, this effect is not produced, or in so slight a degree that it is removed the next day. Another advantage, and a material one, is the circumstance of this treatment allowing the patients to follow their avocations, as rest is seldom required under this mode of treatment.

J. S., a waiter at a tavern, applied to me with a leg swollen to nearly double the size of his other, and covered with ulcers. I applied slips of the soap cerate, spread on new calico, from the toes to the knee, and in the course of a week his leg was reduced to its natural size, and the wounds were clean and healthy. I then lost sight of him, he being obliged to go into an hospital for some other complaint.

Mr. F. came to me for some red precipitate, which some medical man had ordered him to put to his leg. I requested him to let me see it; he did so, and exhibited a wound about the size of the palm of the hand, lying just over the shin bone. I advised him to have a plaster bandage on. He at first was not inclined to do so, having, as he said, tried so many things for the last three months without effect; however, he at last allowed me to apply it, and in a fortnight, the wound (which had been inflicted by falling over a scraper at some door) was reduced to half its size, and cured in three weeks more. The adhesive plaster was here used, but spread thicker than that generally sold. Over the plaster a common roller, three yards long, was applied.

Neither of these men lost a day's work. The second case was dressed only on every alternate day; the first every day, the discharge being greater.

The plaster bandage I have also found of great benefit to long-neglected strains either of the wrist or ankle. In these cases, once a week will be frequent enough to have the bandage renewed.

15th October, 1824.

IV.

A Case of extensive Intussusception. By JOHN DAVIES, Esq., Member of the Royal College of Surgeons, Member of the Philomathic Institution, &c.

ALTHOUGH, perhaps, not much relief can be afforded in cases of intussusception, yet it is interesting to know the change of position which takes place in the intestines when it arrives at a very great extent; the alterations which their structure undergo; and the length of time which elapses in some cases between the period at which the complaint commences, and the death of the patient.

A little girl, of six years old, was taken ill a few days before Christmas last, after eating raw carrots, with great pain in the bowels, particularly about the navel. This pain continued more or less till she died, on the 25th of October last. The bowels, in the mean time, were regularly open, about three times a day, but the stools were always very thin and watery; and, during the last three months, they were mixed with slime and blood. On Thursday, October 21st, she took some sausages and potatoes for her dinner, soon after which the pain in the bowels increased and became very violent. She had the bowels open three times this day, which was the last time of her having a stool. On Saturday, the 23d, she was brought to me for the first time. She had now very great pain about the navel, but not much tenderness upon pressure. The pain came on by fits, like that attending diarrhœa. She had a good deal of fever, with a furred tongue, &c. I ordered her a little castor-oil with mucilage, to take frequently till the bowels should be moved, as she had had no stool for the last two days. This was the first and the last time of my seeing her alive. The mother called on the Tuesday following, to say that her daughter died at two in the afternoon of the day before. I was told that she did not have her bowels open. She had an enema given her, and a blister applied to the abdomen.

My friend Mr. L'Estrange and myself examined the body two days after death. When the abdomen was laid open, we found it and the pelvis apparently filled up entirely

by one large longitudinal intestine, reaching down from the stomach to the anus. The small intestines, which were in a great measure hidden by this, were so entangled together, and so much out of their natural position, as to render it impossible to trace their course. The feel of the larger intestine was quite firm. After tracing it down to the pelvis, we found its contents a little moveable. A ligature was applied below them, round the gut, immediately above the anus, and another round the œsophagus; and all the intestines were taken out together. After placing them on the table, we soon discovered that the cause of this confusion was an extensive intussusception. The large intestine, already mentioned, was the descending portion of the colon, and the rectum into which the ascending and transverse portions were intussuscepted. The valve of the cæcum was driven down quite against the anus, pulling, of course, a portion of the ileum along with it. The intussusception had evidently commenced at the *caput cæci;* and, as it extended, it doubled the colon upon itself, until the part which was first received into the portion below it arrived at the situation already mentioned. As the *caput cæci* projected right into the anus, the excrement of the food did not enter into the large intestines at all, but was expelled, from the lower end of the ileum, out at the anus. The external covering of the large gut, which was the descending colon, was apparently healthy; but the next covering, which was the ascending colon intussuscepted, was more than half an inch thick, and its substance was hard and cartilaginous-like. Its mucous lining, which was now, of course, externally, was quite black; but this blackness was not from mortification, for the membrane adhered quite firmly to the substance of the intestine. The valvular part of the cæcum was quite cartilaginous. The portion of small intestine which was enveloped was healthy, except about an inch of the lower end, immediately above the valve of the cæcum.

This displacement of the bowels had, in all probability, existed, in some degree, ever since the child was first taken ill, which was ten months before her death. The thickening and cartilaginous texture of the intussuscepted portion are a proof of this; but why the child should have died now more than some months before, I know not; for there was no appearance of recent inflammation in the parts concerned; nor was there any evident obstruction in the course of the bowels, so as to prevent the outlet of the excrement; nor, lastly, did the system appear to have been worn out.

Intussusception frequently takes place at the time of death. I have seen it scores of times in both children and

grown people, to the extent of three or four inches, quite unattended by inflammation or any other appearance of disease. A short time ago, Mr. L'Estrange and myself met with four intussusceptions, all within the space of a yard of the small intestine, in a patient who had died of phthisis. There was a tendency to form more all throughout the course of the small intestines; for some portions were so contracted as to render the canal almost impervious, whereas the portions immediately below these were dilated with gas beyond their natural size.

Tottenham Court Road, November 4th, 1824.

V.

Case of Retention of Urine, with Remarks on Puncturing the Bladder. By Edward Thompson, Member of the Royal College of Surgeons, and one of the Surgeons to the Whitehaven Dispensary and Fever Hospital.

"I think it has been my lot to see several patients lost chiefly in consequence of the puncture not having been made sufficiently soon."

S. Cooper.

August 5th, I was desired to visit John Watson, aged fifty-four, who had been suddenly seized with retention of urine the night before. He had several times prior to this been affected in the same way; but the Practitioners who attended him had been able to pass an instrument for his relief. In this way they were, however, now unable to succeed; and when I saw him, at eleven, A.M., he was in a very distressed situation. It was one of those sudden cases of retention in which there is always hazard, the symptoms of danger being rapid and extreme. He had, in his agony, I was told, taken the catheter which had been left, and tried forcibly to introduce it, but without effect, blood following the instrument. On attempting to pass a common-sized catheter, I found a false passage, which he himself had probably made. Every effort to avoid this opening was made in every possible position, but without success, and I was obliged to desist for this time, being unwilling to add to the danger by any thing approaching to violence. The bladder was much distended, reaching almost to the umbilicus, and pressing so upon the rectum, that two clysters that had been attempted to be thrown up were instantly returned, without effecting a discharge from the bowels. On examining per anum, I found the prostate a little enlarged, and

painful when touched; and the sides of the rectum completely pressed together by the bladder, so as to prevent the exhibition of a tobacco enema, which was intended to have been employed; but as the simple ones had failed, was not thought safe to use. He had, before I visited him, taken opening medicines without effect. I directed him to be put into a hot bath, and kept there some hours, if possible, and to take ten drops of the muriated tincture of iron every hour.

Four, P.M. — Delirious ever since last visit. Was kept in the bath an hour and three quarters. During the time he continued in the water his delirium was increased. Is rather more calm, and anxious to have the catheter introduced. Such attempts are of no avail, blood only flowing from the instrument. V.S. ad ℥xij. The drops to be continued.

Ten, P.M. — Delirium somewhat abated. Bladder very tense. No urine passed, and thirst excessive; bowels not opened. Pulse weak and quick. As there appeared no likelihood of evacuating the urine by any common means, it was determined to open the bladder about the pubes, which I did, in the presence of Mr. Hodgson, by making a minute opening with a lancet through the skin, and then plunging a large-sized trocar obliquely into the bladder. Nearly a chamber-potful of urine was evacuated, with great relief. A flexible catheter was then passed through the trocar, and both the instruments fixed to a tape round the body. — Habeat haust. cum tinct. opii, ♏xxxv.

6th. — Had sleep in the night, and is much more composed. Urine flows in part by the side of the catheter; none can possibly pass between the trocar and the skin, as the latter embraces it closely all around.

7th. — Continues improving. Fever and thirst abating rapidly. Water continues to flow by the tubes.

8th. — The flexible catheter removed, and a cork put into the trocar. Was attacked with diarrhœa in the night. — Cap. statim tinct. opii, g^{tt}. xx. et xxx., h. s.

10th. — Did not see him on the 9th. Diarrhœa not abated. In other respects as before. — Cap. mist. cretæ quâque horâ.

11th. — Better in every way. Urine flows as before.

12th. — Health improved. Has made a table-spoonful of water, by his own account, mixed with matter, from the natural passage.

13th.—As before. Has not yet had a bougie passed, from a fear of preventing the closure of the false opening.

14th. — Makes a small quantity of water by the urethra,

mixed with pus. Informs me that he is in the habit of keeping the cork in the cannula till he feels the bladder rise somewhat above the aperture, and does not remove it oftener than once in a night. Never observed any flow by the side of the instrument. I requested him not to venture too much, as the pressure might do harm.

He went on improving till the 26th, when it was thought necessary to remove the cannula, the whole of the urine being made naturally, and that in a fuller stream than had been the case for some years. The opening in a few days healed, and he is now strong and healthy.

Remarks. — Although I believe it rarely necessary to resort to the puncture of the bladder, and, perhaps, never in obstruction arising from enlarged prostate, yet there are occasionally cases of retention to which such a mean must be extended, in order to save life; and it becomes a question in what way such an operation ought to be performed. If we look into a work on Modern Surgery, to settle the question, we find there are three ways by which the bladder may be emptied, in none of which can the Surgeon, who has made it his business to understand the parts, find any difficulty. But there are two places better suited than the other, from the bladder being more readily got at, and, of course, the operation more easy to perform, upon which Surgeons, from time to time, have had some difference. In England, it is thought, if we are to judge from the works of the present day, the very best situation is in the rectum. The arguments for such a preference appear to me any thing but sound, the chief being the ease with which the operation can be performed, and its being so safe. With respect to the facility of performance, if there be any thing in it, the mode by puncture above the pubes must have it, if the trocar be introduced without a previous incision. This method, which was recommended by Sabatier, Desault, and lately by Ducamp, holds out strong grounds for preference in many points. It is a quick, safe, and less troublesome mode, than that by the rectum. The care necessary for the retention of the tube, when the latter part becomes the seat of operation, outbalances almost every objection that may be alleged against the other. A gentleman, who had had several opportunities of witnessing the operation, once told me that he never knew an instance in which the instrument did not make its escape once or oftener. Where the least attention is used, such an occurrence will not take place, when the abdomen is chosen as the part to evacuate the urine from. The great objection to it, perhaps, is the danger of the urine

so insinuating itself between the integument and the bladder as to cause mortification and death. An incision is recommended, by Surgeons of the first eminence, an inch or more in length, as it is said to prevent such an evil taking place. Such an opening, I suspect, is calculated to promote such an occurrence, rather than lead to the prevention of it. Our great aim should be to make the fluid come solely by the tube, not by its side: now, if we divide the skin and cellular substance to the extent stated, we leave the thin bladder alone to resist the pressure of the water from behind, which will partly force itself as above mentioned. The urine, of course, comes in contact with the cut surface, which it ought not to touch, and inflammation and its consequences not unfrequently result. These evils may be avoided by either plunging the trocar at once into the bladder, or freeing its point by minutely cutting the skin. The case above shews, that, where the tube is grasped by the skin, &c., the water may be allowed to rise in the bladder, so as to effect a necessary pressure upon the natural opening in the viscus, without causing extravasation.

Mr. Carpue has raised an objection against puncturing above the pubes, because the water is not evacuated from the bottom of the bladder: the particular force of this reason it is difficult to perceive. The mere retention of a small portion of water can do little harm, as this is prevented from undergoing any change by the constant secretion from the kidneys, which becomes mixed with it, and, of course, will be removed in time. Of the other reasons, such as the bladder falling upon the edge of the trocar, and the viscus being missed altogether, I can only say, that an artery may be punctured in bleeding; but certainly the operation is not to be given up because this has occasionally occurred. It rests with the operator to avoid these *accidents;* and if they take place, the operation itself ought not, in reason, to be condemned.

It is of the first importance, if success be our aim, to operate early — that is, after every known means to relieve the bladder naturally has been tried. No time can be set for its performance, as the bladder may give way on the second day: an instance of this kind is given by Stoll. But the sloughing of the bladder is not the only fear. In complete retention, after the viscus has attained its maximum of distention, which it may do in fifteen hours, a mechanical force begins to act upon the secretion in the kidney, producing, if not actual suppression, an approach to it, attended by all the danger of such a state. The brain suffers, and the person dies, not so much, perhaps, from any other cause

as from disorder there. It was this fear that hastened the operation in the case above detailed, which took place within twenty-four hours after the obstruction arose: had it been delayed longer, the consequences may be conceived.

A kind of fashion prevails at this time against piercing the coats of the bladder, which I believe has led to fatal practice in not a few instances. To get a catheter passed in any way is thought better than having recourse to the trocar. I have known death arise in two instances where this practice was followed, both of which occurred under the care of distinguished individuals. This does not hold out much encouragement for continuing a practice so pregnant with danger, and which does not appear to possess any thing superior to other means, less dangerous and equally efficacious. To advocate frequent puncture of the bladder would be both unsurgical and cruel; but it cannot be denied that it is sometimes omitted when it ought to be employed, and that many a valuable life might have been spared had it been performed early.

It remains only to state the reasons for not giving a larger and more frequent dose of the tincture of muriate of iron, which is sometimes of use in these cases. It was in consequence of the high excitement in which I found the patient, and which ended in delirium. The bath was ordered to be continued for some hours, as I once saw an instance of its good effect. It was in the case of a boy, who, from injury, had retention of urine, and who was kept in a bath above eight hours. The catheter after this went in with the greatest ease, although it had baffled the efforts of three Surgeons before. The practice is worthy of trial.

October 27th, 1824.

VI.

A Case of Poisoning by Oxalic Acid. By William Hebb, Esq., Member of the Royal College of Surgeons, London.

J. Phillips, aged fifty-seven, a very muscular and robust man, about eight o'clock on the morning of the 16th of July, swallowed half an ounce of oxalic acid, which he had previously dissolved in a tea-cupful of water, mistaking the same for Epsom salts. He became instantly sensible of his error by the unusual taste, and sent for medical assistance. My father saw him almost immediately, and found him in the act of vomiting, having taken a large quantity of warm

water; this, however, soon ceased, although the usual means were adopted to ensure a continuance of it. He complained of most acute pain in his back.

I accompanied my father to see him at nine o'clock. He was in bed, suffering the most excruciating agony in the lower part of his back, extending down his thighs; the coldness of the whole surface was extreme, and it was bedewed with a clammy perspiration; the skin of the upper extremities, chest, and face, was mottled; his pulse was excessively feeble and contracted; he had no pain whatever in the throat, fauces, or abdomen, not even on the greatest pressure. The abdomen was somewhat distended; the prostration of muscular power was very great; he complained of the weight of, and inability to move, his limbs; his restlessness was extreme, he constantly wishing to be moved from one position to another; his respiration was natural; he was perfectly sensible, and the expression of his countenance was unaltered. These symptoms continued without much change during the morning, excepting that, at one time, he had a constant discharge of fluid matter from the intestines, and which he did not appear capable of restraining. At three o'clock the pain in his back and thighs continued unabated; he had now also some little pain in his abdomen, slightly increased on pressure; he had recently vomited a pint of thick black fluid; the coldness of the surface continued; his pulse was still more feeble. At seven, the pain in the abdomen was increased to the utmost; he could not bear the slightest pressure; he had had several copious alvine evacuations, consisting of a thick black and offensive fluid, in which were seen a number of bloody shreds; he had not again vomited; the pulse at the wrist could not be felt; his respiration was oppressed; his countenance exhibited great anxiety; he was sensible, and complained of having lost his sight. In this state he continued until nine o'clock, when he died.

It is remarkable, that during the whole of this time he had no uneasiness whatever in his throat or fauces, nor did he, until six hours after swallowing the acid, complain of his abdomen, but referred to the lower part of his back and thighs as the seat of his sufferings, which were excessive.

The treatment consisted in endeavouring, at the commencement, to assist the stomach to reject its contents, in the early and repeated administration of calcined magnesia, lime water, &c., and generally in pursuing the plan recommended by M. Orfila in such cases.

Dissection.—I examined the body about ten hours after death, in the presence of several medical gentlemen.

The upper extremities, chest, and back, were much discoloured; the face had the appearance of one who had been hung; a considerable quantity of dark, frothy fluid, had issued from his mouth; abdomen was tumid.

On cutting into the cavity of the peritoneum, a small quantity of sanguineous fluid escaped. There was nothing remarkable in the general appearance of the viscera, excepting the great distention and discoloration of the small intestines.

The mucous membrane of the pharynx and œsophagus appeared as if it had been scalded; that of the latter easily separated from the muscular coat, and on it were seen a number of minute, elevated, and opaque patches. The stomach contained about a quarter of a pint of thickish fluid; its villous coat was excessively pulpy, in many places of a black colour, in others highly inflamed. The mucous membrane of the small intestines exhibited pretty much the same appearances as that of the stomach, though in a less degree; they contained a small quantity of reddish pulpy fluid. There were many large patches of extravasated blood in the large intestines. The peritoneal coat of the stomach and intestines was much inflamed. The liver and gall-bladder appeared healthy; the latter was nearly empty. The spleen was smaller and harder than usual. The kidneys were healthy, but the pelvis of each was considerably more vascular than ordinary, and this extended a little way through the ureter. The bladder was natural; it contained a considerable quantity of urine.

The mucous membrane of the larynx and trachea, and the lungs themselves, were intensely inflamed. There was no fluid in the pericardium, and the heart was healthy.

Worcester, July 22, 1824.

PART II.

ANALYTICAL REVIEW.

I.

I. *Observations on the Surgical Anatomy of the Head and Neck. Illustrated by Cases and Engravings.* By ALLAN BURNS, Member of the Royal College of Surgeons, London, and Lecturer on Anatomy and Surgery, Glasgow. *A New Edition, with a Life of the Author, and an Appendix, containing additional Cases and Observations.* By GRANVILLE SHARP PATTISON, Professor of Anatomy in the University of Maryland, &c. 8vo. Glasgow, 1824.

II. *Treatise on Surgical Anatomy.* Part I. By A. COLLES, &c. Dublin, 1811.

III. *The Surgical Anatomy of the Arteries of the Human Body: designed for the Use of Students in the Dissecting-room.* By A. HARRISON, Member of the Royal College of Surgeons in Ireland and London, &c. 2 vols. 8vo. Dublin, 1824.

THE work of Mr. Burns, which we have placed at the head of this article, has been so generally read and approved, that we feel it quite unnecessary to make any selections from it: its republication, however, gives us an opportunity of calling the attention of our junior brethren to that very important part of professional attainment to which Mr. Burns applied the term "surgical anatomy"—a term adopted by Dr. Colles in his work, and applied by Mr. Harrison to the little treatise on the Anatomy of the Arteries, which he has lately published.

Mr. Burns very justly observes, that "although we have, perhaps, little reason to complain of the want of tolerably accurate descriptions of the bones, the muscles, the vessels, &c. &c., still this to the operator is not sufficient. It requires a greater degree of discernment, and more accurate conception of the parts, than most students, nay, I believe, than most Surgeons possess, to combine those disjointed lessons, so as to form from them a useful and connected whole."

He farther goes on to remark, "I fear that operations have often been planned on a limited view of the parts to be cut. More than once have I known the propriety of an operation argued from a mere dried blood-vessel preparation; but

though the vessels are highly necessary to be understood, this knowledge, to be practically useful, must be conjoined with a comprehensive acquaintance with the neighbouring parts. Hence I endeavour to connect the descriptions of arteries with demonstrations of the local structure of muscles, nerves, glands, &c., and with the performance of surgical operations."

If writers paid the proper degree of attention to these principles, every surgical work that treats of a disease requiring a particular operation, would embody a minute and accurate description of the parts connected with it. Instead of which, we find that in some the anatomical part is altogether omitted (the writer taking it for granted that his readers are already sufficiently acquainted with anatomical detail); in others, it is given in a cursory way, to facilitate description, and reference is made to some systematic treatise for more particular information. Until very lately, some work of this class, consisting of four or five volumes, was used as a text-book by every person when entering on the pursuit of anatomy. As in these, however, every part is treated with equal minuteness, whether it be the main trunk of a vessel or its smallest branch, it too soon became manifest, even to students, that this detail was conducted without reference to utility in a practical, or interest in a physiological point of view, which was quite sufficient to induce many, even of studious dispositions, to lay aside the book altogether, resolving to be contented with what knowledge of anatomy they could glean from the lectures of their teachers, and the few dissections required to be performed. This of itself would sufficiently explain why so many enter on their career with notions loose and ill-defined, in this most important part of professional attainment. A defect such as this in the course of education could only be remedied by compiling class-books on a different model. With this view, Messrs. Green, Stanly, and Shaw, published their "Manuals of Anatomy," for the use of their respective pupils in the leading schools in London. In these works, instead of describing, "*seriatim et singulatim*," the different systems of bones, muscles, vessels, &c., that enter into the composition of the human body, the authors commence with premising some general directions as to the mode of conducting dissections; then point out the order in which parts may be most conveniently examined; and suggest, from time to time, such remarks as may be useful in reference to operations. This latter part can be but cursorily treated in works purely elementary; and is altogether omitted, as we before observed, in the treatises on descriptive anatomy: hence a careful attention to a student's progress, when he enters on the pursuit of practical surgery, must shew that even still, in the course of education,

there is a great want to be supplied, a deficiency to be filled up, between the anatomical class-books and the surgical treatise. These are the limits that mark out the province of surgical anatomy, in which, as we have no works except those detached essays which we have placed at the head of this article, we conceive that our literature must be allowed to be defective. We therefore consider it a duty to aid the efforts of every individual who, like Mr. Harrison, endeavours to supply an obvious want.

In a short preface, Mr. H. states the plan and object of his work, which we prefer giving in his own words: —

"The description of every artery of importance I have, in general, prefaced by some observations as to the best mode of performing the dissection, or displaying the relative anatomy of the parts concerned.

"In the description of the individual arteries, I have been particular only in proportion to the practical and physiological importance of each; and in detailing the relations of each vessel, I have first considered its coverings; secondly, the parts it lies upon; thirdly, those which accompany it; * fourthly, the branches it distributes in its course; and, lastly, I have endeavoured to direct the student's attention to such practical inferences as may be deduced from a review of these several circumstances combined.

"As to the several branches of every large artery, I have described all such as are of importance in a practical point of view, from being concerned in operations, endangered in accidents, or occasionally of essential service in establishing collateral circulation."

As we must confine ourselves to a few extracts from the work, we shall select such only as give the relative anatomy of parts interested in some of the more important operations on the arteries. In page 26, it is observed that the carotid artery may be exposed in two situations in the neck, either above the omo-hyoid muscle or below it: the former situation is selected in cases of wounds or aneurism of one of the large branches of the carotid; the latter, in aneurism of the trunk, and may be termed the operation in "the inferior region of the neck," which is performed in the following manner: —

"The head and neck being somewhat flexed, so as to relax the sterno-mastoid, hyoid, and thyroid muscles, make an incision about three inches in length parallel to the inner edge of the mastoid

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* In this arrangement of the steps of his description, Mr. H. follows the course pursued by Boyer; and we do not think it is taking, in the slightest degree, from his merit, to say, that he appears to have formed his style altogether on that of the French Anatomists.

muscle, commencing opposite the cricoid cartilage, and terminating at a little distance above the sternal end of the clavicle; by this incision, the integuments, platysma, and superficial fascia, are to be divided; the edge of the mastoid muscle will be then exposed, and close to this a very considerable vein is generally situated, to which I before alluded when describing the higher operation on the carotid artery. The sterno-mastoid muscle and this vein are to be drawn outwards, and the sterno-hyoid and thyroid muscles inwards; the omo-hyoid muscle will now be seen crossing the neck near the upper extremity of the wound; this muscle is connected to the sheath of the vessels by the deep cervical fascia, which in this situation is thin, but strong; by carefully dividing this membrane below the omo-hyoid muscle, the sheath of the vessels will be exposed; the descendens noni nerve is here inclining to the tracheal side of the artery, and may be drawn in that direction with the sterno-thyroid muscle; the sheath must now be opened in the same cautious manner as was before recommended. The jugular vein, by its sudden and irregular distention in the living subject, has been found to embarrass the operator, not only by nearly concealing the artery, but also by itself being in great danger of being wounded in opening the sheath; an assistant ought, therefore, to make gentle pressure on this vessel, both at the upper and lower part of the wound, for it becomes distended in both these directions, from below by the regurgitation of blood from the right auricle of the heart, and from above by that fluid descending from the head and neck: the vein and par vagum being then pressed to the outer side, and the muscles held apart by an assistant, the aneurism needle is to be cautiously pushed round the artery from without inwards, taking care to avoid the inferior thyroid artery, the recurrent and sympathetic nerves which lie behind the sheath; and, if operating on the left side, to remember the proximity of the œsophagus internally, and of the thoracic duct posteriorly and externally." — Pp. 29, 30.

So many important parts are here stated as being interested in this operation, that it may seem hypercritical to add to their number: but the lobe of the thyroid gland is so constantly observed to overlap the sheath of the vessels, that we cannot avoid mentioning the fact, as it can be so easily avoided when this is borne in mind. The attention of the Surgeon is very properly directed to " a large vein running along the margin of the mastoid muscle:" this and some other venous trunks should be avoided, not merely from the embarrassment arising from venous hæmorrhage, nor from the well-known disposition of the lining coat of veins to take on inflammatory action, and propagate it along their whole course (though these are quite sufficient reasons to induce every careful operator to avoid them when practicable); but there are other grounds, founded on some facts and cases not very generally known, and which

we therefore feel the more disposed to state on the present occasion.

Some time since, a young woman was admitted into the *Hôtel-Dieu*, with a large tumour on the side of the neck about the margin of the trapezius muscle. M. Dupuytren decided on removing it; but while proceeding with the operation, in which some veins were divided, the patient was seized with faintness, drooped forward, and became quite insensible. The operation was, of course, discontinued: she was dead before she could be removed from the seat on which she sat. On examination, some hours after, it was found that the right side of the heart and large veins leading to it were filled with air. Some of those present then remembered having heard during the operation that peculiar gurgling noise, known to be produced when air is injected into the veins of animals. These facts were quite sufficient to explain how her death was caused. The air must have been insinuated into the divided veins, and so passed on in the course of the circulation.

In page 106, Mr. H. proceeds to observe:—"We commonly designate by the name of subclavian that portion of the artery which extends from its origin, beneath the clavicle, as far as the inferior border of the first rib:" and this short course may be considered as divisible into three portions. The first extends from its origin to the tracheal side of the scalenus muscle; the second is its transit between the scaleni muscles; the third comprises the space between these muscles and the lower border of the first rib. The artery may be tied on either side of the neck during life, *after* it has passed the scaleni muscles with great facility, provided the clavicle has suffered no displacement. The right subclavian can also be tied before it reaches these muscles: this is denominated the *internal* operation, to distinguish it from the external, which may be performed with equal facility on either side of the neck. The steps of the latter are thus detailed by the author:—

"The patient should be placed upon a table, in a horizontal position, with the arm and shoulder depressed as much as the circumstances of the case will permit; the Surgeon is then to divide the integuments immediately above the clavicle from the external edge of the sterno-mastoid muscle to the anterior margin of the trapezius, (in some cases the edges of these muscles are almost united, it will then be necessary to cut a few of their fibres,) the edges of this incision being separated, the platisma-myoides and cervical fascia are to be divided on a director to the same extent; the external jugular vein will then be seen, and so close to the mastoid muscle, that I should recommend its being pressed towards the tracheal side of the wound; in some cases, however, the vein lies more outwardly, and may be drawn towards the trapezius

muscle. A quantity of loose cellular membrane is next to be cautiously torn through with the blunt extremity of the director; the omo-hyoid muscle will be then observed at the lower part of the wound, ascending obliquely from the clavicle to the mastoid muscle, and forming the acromial side of the small triangular space before described; this muscle sometimes lies very close to the clavicle, and must be drawn upwards and outwards towards the trapezius, or, if deemed necessary, it may be divided. The Surgeon should next tear with his nail, or with the end of the director, the thin fascia which lies behind the omo-hyoid, and which is connected to the scalenus muscle; the acromial edge of this latter muscle may then be seen or felt, and by passing the finger along this to the rib, the subclavian artery will be distinguished either by its pulsation or by its peculiar feel. The aneurism needle may then be passed around it, and by directing the point of this instrument from below and from before, upwards and backwards, the vein will be secured from injury, and the nerves are so distinct, that they may be easily avoided. The prominence of the clavicle will sometimes prevent the needle being passed from before backward; the Surgeon must then *introduce it from above and from behind, and in passing it round the artery, should take care not to injure the subclavian vein, or some of those veins that are in its vicinity.*"—Pp. 118—120.

We have marked the last lines of this paragraph in italics, because, from the author's omitting any mention of the pleura as likely to be injured by the modes of proceeding here recommended, he seems to think that it is secure from injury; but though the fact is not noticed by any writers we are acquainted with, we know, from repeated trials on the dead subject, that the pleura will be wounded if, in passing the needle "from above and from behind," its point gets below the inner margin of the first rib. In a note in page 120, a very useful suggestion is made:—"I should recommend the Surgeon, previous to attempting any operation on the large arteries during life, to perform it first on the dead subject, having injected the veins, but not the arteries; he will then have the vessels in a condition somewhat similar to their living state, when the veins are found distended, while the arteries appear small and almost empty, or pulsate very feebly."

The state of distension of the larger veins, as is well known, is affected both by the progress of the blood in the course of the circulation, and also by the regurgitation from the heart: hence, when veins in the neck are divided, they bleed from both orifices. This must evidently be increased by the distressed respiration kept up during an operation; but may at once be diminished, if not altogether suppressed, by discontinuing the operation for a moment, raising the patient a little, and de-

siring him to make one or two full inspirations. We have seen M. Dupuytren resort to this simple expedient with decided success in one or two cases.

In page 127, Mr. H. makes an observation, which must have proceeded from inadvertence. He says that the earlier operations on the larger arteries by Hunter, Abernethy, Cooper, and Colles, were unfortunate, though fully as much dexterity and judgment appears to have been exerted in them as in the later cases, in which they have been so uniformly successful. This assertion obviously implies that the difference of result has been merely accidental; but the distinguished Surgeons above mentioned would be very far from making such an admission. Their writings clearly shew that it has arisen from improved pathological and physiological principles; and that the steps by which these have advanced distinctly mark those of the improvement in the treatment of aneurisms. Every tyro knows that the first great impulse to improvement was given by Hunter, when he took up the vessel at a distance from the seat of the local affection; but then the ligatures were placed on "rather loosely, and were four in number." The next step was the discarding of two of these as injurious. It was afterwards proposed to divide the artery between the ligatures. The last and most decided improvement consisted in the use of a single round ligature, made of dentists' silk, as advised by Mr. Lawrance; and these four alterations followed the investigations made on the structures, &c. of the coats of arteries.

While on this subject, we may just allude to Dr. Colles's work on Surgical Anatomy. The first part appeared some years ago, but no addition has since been made to it, which probably has arisen from the reception it met with. It is now scarcely heard of in this country, though it is well known on the Continent, and is frequently cited as authority by some of the anatomists of the French school. Were we called on to give an opinion on the merits and deficiencies of the work, we would say that the former are numerous, as giving comprehensive views of the subject of which it treats, and conducting the anatomist by the best route for obtaining accurate ideas of the relative anatomy of parts interested in operations. Its style is its chief demerit, but this could easily be remedied by a slight alteration. Dr. Colles generally employs the second person, as if he were addressing an auditory. He seems to take it for granted that his class is arranged about him, and that he has a subject before him to elucidate his views: hence the reader must find a difficulty in catching at his meaning, inasmuch as he is not in the situation which the writer

seems to presuppose. Mr. Harrison has not fallen into this error; his style is so clear and perspicuous, that no student, in the slightest degree acquainted with anatomy, can find any difficulty in following him even in his most minute descriptions.

II.

Appendix to the Fourth Edition of M. Richerand's Physiology. By James Copland, M. D., Lecturer on Physiology, Pathology, and Therapeutics; Consulting Physician to Queen Charlotte's Lying-in Hospital; Physician to the Royal Universal Infirmary for Children; and Member of the Royal College of Physicians, London, &c. &c. 1824.

(*Concluded from page* 405.)

"*Of the Action of the Heart and Arteries.*" — The action of the heart is perfectly involuntary, but the *degree* of its action is influenced by certain states of the mind. This may be observed with respect to the actions of all the automatic organs, and it probably depends upon the influence of the cerebro-spinal nerves by which they are partly supplied. These nerves are also the agents of pain in disease, hunger, &c., and of pleasure in the digestion of the food; but it is evident that they do not confer the power of motion on the heart, unless their extremities are endowed with that power independent of their centre, because the heart will continue to act for some hours after the cerebral nerves which supply it have been divided. Dr. C. has witnessed this organ to act in fishes for a short time after it was removed from the body; and I have witnessed the same thing in a cat; but the motion was not a regular diastole and systole, but a kind of convulsive motion, at no regular intervals.

Finding that the heart will dilate and contract when empty, or, at least, nearly so, as must be the case when removed from the body, we have no need to attribute its diastole to the pressure of the blood relaxing its fibres, as the dilatation will precede the gurgitation of blood into its cavity, from a power confined upon it by its nerves. Dr. C. has observed this phenomenon in fishes. If the dilatation of the heart were the effect of mechanical force exerted by the pressure of the blood, or of a mere relaxation of its fibres, its actions would not be analogous with those of other organs supplied with ganglial nerves; for the peristaltic motions of the stomach and intestines are not occasioned by the pressure of their contents,

because it is probable that the small intestines are never *full*; indeed, their motions continue while they are very nearly empty, for in animals which have been suddenly killed, immediately before which the peristaltic action went forward, I have observed the small intestines to contain very little aliment.

Dr. C. has traced the fibrillæ of the ganglial nerves along the coats of the arteries to the extremities of the body and to the brain; he therefore infers, very properly, from this fact, and from other circumstances connected with different functions, that the actions of all the vessels in the body are dependent upon this system of nerves. This is a very important point in physiology; and this view of the functions of the heart and arteries will, as he observes, explain many phenomena manifested by disease, which otherwise would be unaccountable.

"*Of the Production of Animal Heat.*"— Dr. C. attributes "the production of animal heat to the vital influence exerted by that part of the ganglial system distributed to the arteries on the blood which they circulate." It is evident that animal heat does not immediately depend upon the influence of the brain, because a part will retain its heat after its nerves have been separated from the brain. I have witnessed an instance where the spinal marrow was torn in the loins, yet the temperature of the lower extremities was much higher than that of the upper, which continued to be the case till the man died, which happened fourteen hours after the receipt of the injury. In paralytic affections, also, the side affected is frequently some degrees higher in temperature than the other side. The lowest order of animals, which have neither brain nor spinal marrow, and vegetables likewise, preserve a regularity of temperature which is frequently higher than that of the surrounding atmosphere. From these facts we have a right to conclude with Dr. C., that animal heat does not depend upon the brain for its evolution, but that the brain has an indirect influence in regulating its *degree*, in animals possessing cerebro-spinal nerves.

The next question is, can the evolution of animal heat be attributed solely to the chemical processes which take place between the atmosphere and the blood in the lungs? Dr. Copland admits that preparatory changes take place in the lungs, which are necessary to the evolution of heat, but that these changes are more of a vital than chemical nature.

It has been proved, but, perhaps, not very satisfactorily, that the blood in the right side of the heart is two degrees higher in temperature than that in the left; but admitting this experiment to be correct, the increase is hardly enough to supply the loss which the body continually sustains.

This mode of accounting for the evolution of animal heat will not explain the circumstance that a wasting limb is frequently hotter than a healthy one, which is often the case in paralytic affections. The limb, evidently, from its wasting, as well as from the state of the pulse in it, receives less than its due share of blood; the increased heat cannot, therefore, proceed immediately from its separation from the blood, mixed with which it is supposed to be conveyed from the lungs. Indeed, the phenomena connected with the evolution of animal heat, in both health and disease, can never be accounted for but on vital principles. The vital alliances subsisting between the arteries and their contents are more intimate than those which subsist between the veins and their contained fluid; for the vital processes of growth, nutrition, secretion, &c., are dependent upon the former, whereas the functions of the veins do not appear to be much more than that of giving passage to the blood in its return to the heart.

"*Of the Functions of the Cerebro-Spinal System of Nerves.*" — Dr. C., in this note, compares the phenomena manifested in the higher and lower orders of animals, in order to shew that the cerebro-spinal nerves are not necessary for the preservation of organic life in all animals, nor are they immediately so in any. On the contrary, "in all animals possessing no other rudiments of a cerebro-spinal system, than an accessary ganglion disposed around the œsophagus, the manifestation of volition is by no means distinct; their movements appear to be the result neither of volition nor of choice. An obscure instinct appears to be the actuating principle of those operations, which may assume in them the nearest resemblance of those of volition."

Dr. C. then inquires into "the functions of *distinct parts* of the cerebro-spinal order of the nervous system," where he examines the opinions of Flourens, Ollivier, Magendie, and others, respecting experiments performed upon these nerves.

"*Of the Faculties of the Mind, as evinced through the instrumentality of a perfect Nervous System.*" — Dr. C. divides the mental faculties into two classes; viz. Instinctive Powers and Intellectual Powers. The first he subdivides into two orders — 1st, "instinctive powers which tend to preserve the individual;" 2d, those "which tend to perpetuate the species." The second class he subdivides into — 1st, "powers of consciousness, or the simpler manifestations of mind;" 2d, "powers of intellection, or the more active powers of mind;" and, 3d, "ideas of reflection, springing from the exercise of the former orders of powers." Dr. C. further subdivides these orders into different primitive faculties. This classifica-

tion is quite upon a *metaphysical* plan, although some parts of it are in unison with the modern system of physiology.

"*Of Galvanic Electricity.*"—From certain considerations, Dr. C. is "led to the conclusion that attraction and repulsion between the particles of matter arise as a necessary consequence of the electrical states of these particles. The various anomalies or peculiar conditions of material substances can be easily supposed to result from certain degrees of electrical saturation, or neutraliastion, to which these substances are subjected."

Now, many substances have *some* properties in common; *some* of their phenomena must, therefore, be alike; but before an identity of *all* the properties can be proved, *all* the phenomena must be alike. Matter in every form, or, in other words, all the elements of matter, possess some identical properties, such as attraction, or mutual affinity, occupation of space, motion, &c.; but, although this is the case, we cannot say that iron is identical with gold, gold with heat, heat with the electric fluid, &c. If it be electricity which binds together the particles of matter, what is it which binds together the particles of the electric fluid? The cohesion of material particles is not firmer when they contain much electricity than when they contain little of it. Friction and pressure will disengage heat as well as electricity; but heat is considered a species of matter *sui generis*, having a separate existence from gross particles. When a body is heated so as to keep its particles at a greater distance, it will more readily give off electricity; whereas, if the electric fluid were the cause of cohesion, a body ought to have a greater capacity for it in a heated state, so as to exert a greater power of affinity between the particles of matter, in order to counteract the power of the heat. Again, heat seems to be one of the properties of electricity; at least, electricity cannot be proved to exist independent of heat; the principle which exerts the power of cohesion, therefore, cannot be supposed to possess properties so nearly similar with those of the principle which keeps the particles of matter at their respective distances. The phenomena of the magnetic principle have some resemblance to those of electricity; but as they are not precisely the same, the two principles cannot be identical. The influence of the loadstone on iron is lasting, whereas that of electricity continues no longer than a communication is formed between the electrified piece of iron and the earth by a conducting body. The particles of tangible matter may exert their mutual influence by polarities; electricity may induce bodies to act by polarities; the magnetic principle may induce them to act in the same

manner, and the particles forming the electric and magnetic principles, also, may mutually act in the same way; but it by no means follows that the principles of these three powers are identical. Perhaps every species of matter, whether sensible or inferred, acts by polar attractions, because this may be the means which Nature has contrived in order to combine the elements of matter into sensible bodies. As this property, then, is inherent in the constitution of every element, it is manifested in the phenomena of matter throughout nature. But as the polar attractions of different elements differ in degree towards each other, certain elements combine in preference to others, and the properties, qualities, and phenomena of the body formed will be according to these elements. Heat, light, electricity, magnetism, and life, produce *some* phenomena in common by their alliance with sensible matter; and one will, in some instances, substitute another: this proves that they all have some elements, or properties, alike, or nearly so; but this by no means proves their identity, because each possesses many properties peculiar to itself. Again, electricity may induce some particles of gross matter to combine chemically, where they had no disposition to do so before; but as it will not do this *in all species of particles,* it cannot be considered the universal cause of chemical affinity. It may induce some to combine by interposing some of its elements between those which had no previous relation, and by assuming the agency of another cause, in the same way as any other substance would do; whereas, if particles have no mutual alliance with each other, nor with the electric fluid when interposed, they will still not combine, because they are not formed of elements endowed with mutually polar attractions.

"*Of the Generative Organs and their Functions.*"—After offering some remarks on the anatomical structure of the male and female organs of generation, Dr. C. proceeds to consider the subject of impregnation. After inquiring into the different opinions respecting the process of impregnation, he adduces the experiments of Dr. Blundell, which go a good way to prove that, before a fœtus can be formed, it is necessary that the semen should come in contact with the ovum, either in the ovary itself, or in the ascent of the ovum into the uterus.

"*Of the Varieties of the Human Species.*"—Of the different classifications of the varieties of the human species, Dr. C. prefers that of Cuvier, into, "1st, the fair, or Caucassian variety; 2d, the yellow, or Mongolian; 3d, the negro, or Ethiopian." Respecting the characters of the different branches of these, we must refer the reader to the work itself.

We have now given an outline of *a few* only of the notes contained in the first chapter of this Appendix, but we are well aware that we have not done them that justice which they deserve. The second chapter contains much interesting information, but it is not capable of being reviewed so as to do it justice. There are a great many notes in the first chapter which we have not touched upon, but the remarks contained in them are very important; indeed, the Appendix altogether is highly valuable, and it is attached to an universally esteemed work.

III.

Clinical Report on Dropsies; with Observations explanatory of their Pathology and Therapeutics: with an Appendix on the Theory and Treatment of Organic Disease in general. By Robert Venables, Bachelor in Medicine, &c. 8vo. Pp. xx. 238. London, 1824.

Either dropsy has degenerated into almost a non-entity at Henley and in its neighbourhood, or Dr. Venables has made a collection of cases, many of which are exceedingly dubious, and left those of more decided dropsy unnoticed; for the greater number of the cases, the history of which he gives in his "Clinical Report," are such as every Practitioner meets with daily, and such as give way to slight venesection and cathartics. It is by no means uncommon in attacks of pyrexia, especially when neglected for some days, to find a slight swelling about the ancles, dyspnœa, cephalæa, cough, thirst, diminished secretion of urine, and constipated bowels, and for all these symptoms to yield to a slight bleeding and purging. We perfectly agree with the author of the volume before us, that the antiphlogistic plan of treatment is the best which can be employed in cases where effusions depend upon inflammatory excitement of the system, or of any part of it; and we think also, that if he had carried that plan farther at the commencement of many of the cases which he has reported, he would have conquered the disease in a much shorter time than he seems to have done. But that there are cases of dropsy, whether anasarca, ascites, or hydrothorax, that will not give way to bleeding and purging, we are well convinced, from having tried these remedies in a great number of cases without success.

Dr. V. endeavours to prove, that dropsy, in all instances, depends upon an increased secretion, or increased effusion by the exhalants, rather than upon a want of activity in the absorbents. This point we are willing to grant him. But it does not therefore follow that increased exhalation is owing to inflammation or to inflammatory action of either the heart and arteries, or the exhalants themselves. In very many cases of anasarca and ascites, when examined after death, there are no appearances of inflammation having existed in the cellular membrane or in the peritoneal bag; nor are there frequently, from the commencement of the disease, any symptoms to denote an increased excitement of the vessels. Are we to infer that a part, or that the whole system, cannot undergo the process of disease without manifesting inflammatory action? That disease is frequently connected with a want of activity in its particular seat, is proved by sufficient facts. A want of activity in the extremities of the arteries and in the secerning vessels must necessarily produce a relaxation of these vessels; and this loss of tone will admit more fluid to pass than the absorbents can take up. If such cases do occur, — and that they do occur we have every reason to infer, both from the nature of the symptoms and from the effects of remedies, — it would be contrary to our experience of physiology, of the nature of disease, and of the effects of remedies, to expect bleeding and the usual antiphlogistic plan of treatment to arrest the progress of the disease.

But, by the above remarks, we by no means intend to maintain that bleeding and purgatives should not be used in *many* cases of dropsy. These cases are indicated by small, hard, contracted pulse, low febrile affection, dry skin, thirst, &c.; but we meet with many cases, especially of anasarca, where none of these symptoms appear — where the pulse is weak and soft, the skin pale, the tongue also pale, and where symptoms of nervousness and debility are the most characteristic of the disease. In these cases, whatever means are used for the removal of the accumulated fluid, unless the system be supported by slight tonics and mild nourishing diet at the same time, the patient will continue to sink lower and lower under the treatment. Although these cases are very common, yet Dr. V. does not relate one of the kind in his "Clinical Report." As an instance of the cases which he has reported, we beg leave to transcribe his 7th case: —

"Case VII. — Frances Biggs, aged thirty-five, lace-maker; a thin, sallow, emaciated-looking woman. — Dispensary.

"24th July, 1823. — Pyrexia; elevated temperature; hard, wiry, irritable pulse; small and frequent — 98; respiration, while

quiet, free; but on motion, or any exertion, the breathing becomes difficult and short; the tongue foul and furred; clammy taste in the mouth; skin dry and rough; occasionally severe cephalæa; bowels constipated; urine small in quantity, but not very sensibly so; pale and limpid; does not coagulate by heat or nitric acid. Abdomen swollen, and fluctuation, on percussion, easily perceived. The legs and ancles œdematous; slight degree of pitting on pressure. — Fiant pilulæ no. sex æquales è massæ pil. al. c. myrrhâ, ʒss. — st. ij. statim et j. sing. horis ad effect.

" 25th. — The pills operated well, and brought away a quantity of hardened fæces. The pyrexia, with the irritability and hardness of the pulse, continue; dyspnœa as at last; foul tongue, thirst, and headach. Urine as yesterday; abdomen swollen; fluctuation sensible; ancles pit on gentle pressure. Complains of severe pain in the back; this pain is always very severe at the approach of the catamenia, which are generally discharged with considerable difficulty. Leucorrhœa very urgent and distressing. — Mitt. sanguis ad ℥x.

" ℞ Acetatis Potassæ, ʒj.
Aceti Colchici, ʒij.
Magnesiæ Alb. ʒss.
Aquæ Font. ℥viij. M. — st. coch. ij. ampla 4tis horis.

" 28th. — I was absent, but the mixture was repeated; no report was taken.

" August 1st. — The symptoms of fever have been reduced; the dropsical swellings nearly as at first. Bowels confined, and what passes dark-coloured; urine plentiful; pain in the back still urgent.

" ℞ Pil. Hyd. Submuriatis Comp. ʒj. ft. pil. xij. æquales — sumat j. sing. noctibus. Repet. mistura.

" 6th. — Pyrexia; hard, small, frequent, wiry pulse; temperature increased; bowels regular; urine natural in quantity, high-coloured; dyspnœa very distressing; great languor, and inability to muscular exertion; countenance pale, sallow, with occasional livid flushes after exercise; abdomen much increased in size; ancles swollen, and pit slightly on pressure; pain in the back, with considerable leucorrhœa. Believes she caught cold. — Mitt. sanguis ad ℥viij.

" ℞ Pulv. Digitalis, gr. xij.
Confect. Aromatici, q. s. ut ft. pil. no. viij. — st. j. sing. noctibus. Admov. vesicator. sterno.

" 11th. — The pyrexial symptoms reduced; the urine free; slight expectoration, with cough; dyspnœa much relieved; bowels free, but the evacuations are hard and discoloured. The swellings begin to subside.

"℞ Calomel. gr. x.
Pil. Scill. Comp. vij.
Pulv. Digitalis, gr. viij. M. ft. pil. no. xij.—sumat j. sing. noctibus. Bib. sol. crystall. tart. ad libit.

"18th.—All the symptoms gradually declining; the bowels, however, act rather tardily; the leucorrhœa has nearly ceased.—Repet. pil. c. additione ext. col. comp. gr. j. sing.

"℞ Infusi Sennæ, ℥viij.
Sulph. Magnes. ℥j.
Tinct. Jalap. ℥j. M.—sumat cyath. j. subinde prout necesse sit.

"September 8th.—I did not see this woman since last report till this day; she informed me that all the swellings had entirely disappeared, and she had not conceived it necessary to apply since; but now she finds a slight degree of intumescence about the ancles; there is a fulness of the hypogastrium, but this last very trifling; some tenderness on pressure. No sense of fluctuation; slight pyrexia; pulse hard and thready; bowels regular; urine rather more plentiful; amenorrhœa.

"℞ Pulveris Digitalis, gr. xij.
Opii in Pulv. gr. vj.
Extract. Hyoscyami, gr. xxiv. M. fiant pilulæ no. xxiv.—sumat j. bis in die.

"22d.—The tenderness of the hypogastrium diminished; fulness nearly as before—perhaps a little increased; no sense of fluctuation; bowels regular; urine plentiful; symptoms of pregnancy.—Omitt. omnia medicam.

"She proved pregnant, discontinued her attendance at the dispensary, and was safely delivered at the usual period."—Pp. 34—38.

It will be seen from the history of the above case that the symptoms were those of pyrexia, accompanied with constipation, furred tongue, &c. From such a state of the bowels, it is not very easy to tell whether the apparent fluctuation in the abdomen was not occasioned by wind more than by any fluid accumulated there. The symptoms, however, taken all together, were those of increased excitement, where moderate bleeding and purging were indicated. But no one can consider the above a *confirmed* case of dropsy. A slight swelling of the ancles is a very common appearance, especially in the pregnant state; and the other symptoms described were such as frequently arise from irritation in the bowels from accumulated fæces.

Dr. V. gives an account of one interesting case of hydrocephalus, in a child of fourteen months old, where a stimulating bath, containing wine and vinegar, was used. After

being taken out of the bath, and dried, the child perspired abundantly; "a papular eruption spread all over the surface;" and after repeated applications of the immersion, its health improved considerably, and the head was much reduced in size. The child took, at the same time, mercury and iodine combined, and had leeches and lotions applied to the head. Although, however, the head was considerably reduced in size by the above plan, the child ultimately died. It is doubtful, indeed, whether any plan of treatment would have availed in this case. The one pursued was, perhaps, the most likely.

Although the author speaks highly in favour of the good effects of bleeding in dropsical affections, yet we believe it will be admitted, from the history of the following case, that he does not in every case apply his remedy so promptly as he ought to do: —

"Hannah Williams, aged thirty, labourer's wife: a poor woman of spare habit.—Dispensary.

"November 17th, 1823.—Considerable pyrexia; thirst; foul tongue; elevated temperature; respiration difficult and hurried; pulse small, frequent, quick, and wiry; bowels irregular, constipated; alvine evacuations dark-coloured; abdomen tumid; œdema of the lower extremities; urine natural in quantity, or rather plentiful, but dense and gelatinous in its appearance, and readily coagulates on the application of heat; has been occasionally subject to leucorrhœa; stomach oppressed with nausea, and other symptoms of an irritable state of that organ.

"℞ Pil. Hyd. ℥ss.
Ipecacuanhæ, gr. x. Ft. pil. viij. — sumat j. sing. noctibus.

"This woman attended at the dispensary; but although she lived but a very little distance from it, the exertion of walking even so far, seemed to distress her so much, that I recommended her confining herself to bed, and observed to her that I would visit her at home in future.

"18th. — As at last. — Cont. pil.

"19th. — Pain on pressure of the epigastrium; fever increased; abdomen more swelled; œdema increased; urine scanty, and coagulable by heat. — Admov. hirud. no. viij. epigastrio. Omitt. pil. hyd.

"℞ Pulv. Digitalis, gr. iij.
Pil. Scillit. Comp. ℥ss. Ft. pil. sex; — sumat j. quotidie mane.

"20th. — Leeches bled freely; pain somewhat relieved; violence of the other symptoms diminished; pyrexia still urgent; urine as before; dropsical symptoms continue. — Perstat usu pilularum.

"22d. — Nearly as at last. — Cont. pil.

" 24th. — I was absent, but, in consequence of the dyspnœa, a blister was ordered.

" 25th. — Pyrexia increased; abdomen swollen and tender to the touch; œdema increased; thirst urgent; skin very hot and dry. Urine coagulates on being heated. — Mitt. sanguis ad ℥viij.

" ℞ Pulv. Ant. ℈j.
Opii, gr. iij.
Ext. Hyoscyami, gr. viij. Ft. pil. no. viij. — sumat j. 4tis horis.

" 26th. — The symptoms much relieved. Blood drawn buffed and cupped; the serum dense and gelatinous; skin moister; urine becomes milky on the application of heat. — Perstat.

" December 3d. — Abdomen reduced in size; bowels free; pulse hard and firm, but reduced in frequency; thirst diminished. Urine plentiful, becomes slightly turbid when the temperature is elevated to nearly the boiling point; bowels constipated. — Ht. pil. aperientes no. vj. — sumat ij. singulis bihoriis ad effectum.

" 8th. — Pyrexia, with dyspnœa, cough, and expectoration; bowels free; thirst; and some increase of the abdominal swelling.

" ℞ Tart. Emétic. gr. j.
Aquæ Distillatæ, ℥viij. M. Sumat coch. j. amp. tertiis horis ad nauseam promovendam.

" 10th. — As at last, mixture excites nausea. — Perstat.

" 12th. — Improving. — Perstat.

" 15th. — All the symptoms increased; pyrexia; thirst; foul tongue; respiration difficult and hurried; ancles and legs very much swelled, pitting on pressure; bowels constipated; tenderness of the epigastrium on pressure; pulse hard and frequent; skin hot and dry; severe cough with expectoration; countenance and lips purple, with occasional flushes. Urine small in quantity, and on being heated coagulates. Finding herself getting much better, she undertook her family's washing and the cleaning of her house, and supposes she caught cold through these means. — Mittatur sanguis ad ℥x. — sumat item pil. aperientes no. ij. sing. bihoriis usque respondeat alvus.

" ℞ Ext. Conii, Ext. Hyoscyami, utriusq. gr. x.
Confecti Opii, ℥ss.
Liq. Ammon. Acet. ℥ij.
Aquæ Font. ℥vj. M.—st. coch. j. amp. subinde vel tusse urgente.

" 16th. — All the symptoms alleviated; urine coagulates; blood buffed, cupped, and highly inflammatory in its appearance; serum dense and gelatinous. — Repet. venesectio, et detrahantur sanguinis ℥vj. — aliter ut antè.

" 17th. — All the symptoms very much relieved; fever considerably reduced; pulse softer; breathing more free; cough easier, and expectoration nearly gone; countenance more natural, and has lost a peculiar expression of anxiety and distress which it had

assumed; skin soft and moist. Feels a kind of burning sensation in her stomach.

"℞ Sodæ Subcarb. ℥j.
Aquæ Puræ, ℥viij.
Syrupi Zingib. ℥iij. M. — st. coch. ij. ampla sextis horis." — Pp. 89—92.

The symptoms described in the first report of the above case are such as would have led most Practitioners to draw away twelve or sixteen ounces of blood, and give a good dose of calomel and colocynth extract, followed up with salts and senna; but let us observe what was done for the patient. She was ordered to take less than *four grains of blue pill* and a little better than a grain of ipecacuanha *every night*; which, *alone*, she continued for two days. On the third day she had eight leeches applied to the epigastrium, and had half a grain of digitalis and five grains of squill pill to be taken *once a-day*. The leeches gave some relief. The above medicines were continued for six days. There was no aperient medicine given during all this time. On the eighth day the symptoms were much increased. She was now bled, which relieved her much; but she was allowed to go on eight days longer without any opening medicine, although we are to infer, from the report, that the bowels were confined all this time. She went on for a fortnight longer, the symptoms continuing to increase all the time, and was bled again and took opening medicine, which gave her great relief. We have very little doubt that, if the antiphlogistic plan had been adopted at the commencement of the above case, the symptoms described would in a few days have disappeared. We find, in most of the cases contained in Dr. V.'s report, "that not much attention was paid to the state of the bowels; and that bleeding, although employed, was not very promptly put in practice. The remedies chiefly used in all the cases are, bleeding, squills, digitalis, colchicum, and blue pill, varied in each case."

Dr. V., from his report, believes that he is "fully authorised in deducing the following inferences:" —

"1. Dropsy is more frequently an active disease.

"2. When active, it is generally complicated with a pyrexial or inflammatory state of the system.

"3. When dropsy depends upon inflammatory affections of the viscera, the operation of these affections is most frequently indirect; namely, through the fever which commonly accompanies such diseases.

"4. Dropsy may arise as the termination of acute and subacute inflammation in the serous membranes, or in the cellular structures.

"5. Dropsy, in a very severe degree, may exist independently of any organic disease.

"6. When the cellular structures, or serous membranes, &c., are weak, either naturally from mal-conformation, from disease, or mechanical violence, the excitement of the economy, during the earlier periods of pregnancy, may lead to a dropsy of the weakened parts, which, if neglected, will, under unfavourable circumstances, become alarming and inveterate diseases.

"7. When dropsy exists in combination with an excited state of the system, or with an inflammatory affection of any organ or texture, antiphlogistic measures, especially blood-letting and antimonials, form the most rational and effectual means of cure.

"8. A reliance on diuretics in active dropsies serves merely to debilitate the system, without curing the disease, and may even lead to diabetes.

"9. A coagulable state of the urine in dropsy generally indicates the necessity of blood-letting; but the converse of this proposition does not hold good, and the non-coagulability of the urine does not necessarily prohibit venesection."—Pp. 123, 124.

The author then offers some remarks upon the above inferences, which the reader will find interesting—much more so than the report upon which they are founded. But we cannot pass by one of his remarks unnoticed, as every morbid anatomist must consider it contrary to fact:—

"Hence, then, I would add as a corollary, that organic disease has no direct influence (except mechanically) in exciting dropsy. It has been so long and so generally the system to regard organic disease, when complicated with dropsy, as the cause of this latter affection, that I presume this idea will obtain but little sanction. Yet, if organic disease be considered as more immediately the cause of the dropsy, surely it is but a fair inference, that the removal of the organic affection must be a necessary antecedent to the relief of the dropsy. Where a mechanical influence excites dropsy, as in the case of the gravid uterus, in the last months of pregnancy, nothing will relieve the dropsy, till the uterus, after the expulsion of the fœtus, has returned to its natural bulk. Were the influences of a similar nature, should we not expect that the removal of the organic disease must necessarily precede that of the dropsy? But what is the fact? On reference to Dr. Crampton's Clinical Report, and indeed to the reports of many other authors, it will be found, that when dropsy existed, complicated with organic affections, the dropsy was frequently cured, although the organic disease remained unaffected, and in some instances even ultimately proved fatal. And how were the dropsies, in such cases, relieved? By those means which have been most effectual in moderating excitement, and subduing febrile action."—Pp. 133, 134.

What is more frequently to be found, in examining bodies after death, than fluid in the cavity of the pleura after an

attack of pleuritis; in the cavity of the peritoneum, and in the ventricles of the brain, consequent on inflammation of these parts? Surely organic disease, in these instances, has a direct influence in exciting dropsy. That the fluid sometimes becomes absorbed, when the organic disease still remains, is no proof that the increased secretion of fluid did not originally depend upon the organic disease. It only proves that the secretion of the diseased part ultimately becomes diminished, or that the absorbents become more active than they were before, so as to remove the fluid which had accumulated.

We now come to the Appendix attached to the present volume. It is on the "Theory and Treatment of Organic Disease in general." We turn with more pleasure to this part of the work, as some of the remarks which it contains are interesting, as well as philosophical.

Dr. V. begins with the theory of organic disease. He first speaks of the definition of the term *disease*, as distinguished, or rather, as *not* distinguished, from *functional disorder*. We beg leave to extract a part of the author's first paragraph on this subject, in order to shew his views of *disease* and *disorder*, or, rather, of the different degrees of *disease*: —

"Organic disease has been defined, 'disease attended with such change of structure as is apparent on dissection after death.' It has been found necessary thus to limit the signification of the expression 'organic disease,' to exclude merely functional disorder. To suppose that an organ can be functionally deranged, without a corresponding change in its structure, would be to imagine an effect without a cause; an idea wholly at variance with every principle of reasoning, physical or metaphysical. If healthy structure produce certain motions or effects, can we suppose any deviation in these motions, without corresponding changes in the organisation which excites them? However, a serious change in function may take place without any very remarkable alteration in the actual structure of the organ. The structure of some parts of the animal organisation is so very fine and delicate, that minute alterations are not readily cognisable to our senses, even when aided by the most powerful means of examination."—Pp. 143, 144.

If there be an exception to the above rule, it is in the function of the stomach. It may happen that this organ may become disordered in its function, for a time, from a change taking place in the condition of the gastric fluid, by the direct application of certain substances to it. The stomach, being healthy itself, may either overcome this derangement by emptying itself at either orifice, or it may become diseased from being specifically acted upon by its own contents. In the first instance, the symptoms of disorder will cease as soon as the organ has relieved itself of the acting cause, and its

secretion will again be healthy; whereas, in the second instance, the symptoms of disorder will continue, owing to their now being dependent upon a certain degree of disease of the stomach.

But we cannot suppose any organ to manifest signs of disorder for a continued length of time, without a corresponding disease of its structure. The disease may be so low in degree as not to alter the state of the structure so far as to become evident to the senses; but, as the function depends upon the organ with which it is connected, a change in the condition of this organ must take place, if it be without the influence of external objects, before its function can undergo any disorder. We may then infer that a continued disorder, in all instances, depends upon a certain degree of disease of the organ upon which the disordered function is dependent, and that, before the disorder can be cured, the organ must be brought into a healthy condition.

There are several theories with respect to the origin of disease. Some attribute it to the blood-vessels, others to the nerves, others again to the blood itself. All these may, perhaps, be true as far as it regards the origin of particular diseases; but neither one nor all of them will account for the origin of disease in general. If disease always depended upon a wrong action in the heart and arteries, all diseases ought to manifest the same symptoms. Why should these vessels at one time produce tetanus, at another time produce typhus fever, at another time diabetes, &c.? The same question may be asked with respect to the origin of disease being in the nerves, or in the blood. We frequently find the blood diseased when the action of the heart is regular, and when there appear no nervous symptoms of derangement; and we find symptoms of nervous derangement when the action of the heart and arteries is healthy, and when the blood also appears in a healthy state. In fact, neither the blood-vessels nor the blood itself, nor the nerves, nor the absorbents, nor any other single tissue, will account for the origin of disease in general. There are many forms of matter which bear a healthy relation with every tissue, and which are used for the preservation and nutrition of the body at large; and there are other forms whose relations are destructive to the identity of all the tissues; but as each tissue is peculiarly constituted, and must, therefore, be endowed with peculiar affinities, certain forms of matter, which constitute the principle of disease, will exert their affinities upon some tissues in preference to others.

Dr. V. is of opinion, with Dr. Wilson Philip and others, that an organ is subject to disease in proportion to its *weakness*. It is not very easy to understand what is meant by weakness of

an organ. One tissue of it may be weak and another strong. It may have strong blood-vessels and weak nerves, and *vice versâ;* or it may have strong fibres and weak nerves and arteries. Strength is generally in proportion to size and density of texture, both in animate and in inanimate matter: if, then, an organ which is of a size proportionate to the rest, and which has performed its function well for several years, should become diseased, we cannot say that the disease attacked it because it was *weak.* In fact, the term *weakness* conveys no explanatory idea of the susceptibility of an organ to become diseased. How are we to prove whether an organ be weak or strong? It would be as reasonable, and, indeed, more so, to say that a part became diseased because it was susceptible of disease, than that it became diseased because it was *weak.* If we examine an animal killed in a state of health, and if we find all the organs of their proper size and texture, how are we to distinguish the strong from the weak? If disease attacks organs in proportion to their weakness, how is it that the same organ does not always become the subject of disease in the same individual? for if it were originally weak, it must certainly be weaker after an attack, or after repeated attacks of disease. The texture of the arachnoid membrane is weaker than that of the liver, lungs, or intestines; yet it is not more subject to disease than these parts are, nor is it, indeed, nearly so subject. Some muscles are much weaker than others; for instance, let us compare the gluteus maximus and the cremaster together; yet an attack of fever, or any other disease, is not more likely to affect the one than the other. We may as well say that we do not know why one organ should become diseased rather than another, as to say that it does so because it was weak. When a part is diseased, *it is diseased,* and no one certainly can prove that it *was not* weak; but the doctrine of organic weakness will not satisfactorily account for the origin of disease in different seats.

Dr. V. divides organic disease into three degrees: "the first consisting in such a change as has been generally named irritation, and which Mr. Abernethy has termed disorder; the second degree comprehends those changes which are the result of the less severe inflammatory affections, and which, perhaps, may be termed disease; the third change includes those alterations which render the structure itself worse than useless, for it becomes a perpetual source of irritation, and, generally speaking, ultimately proves fatal."

The author treats of these different degrees of disease separately with great minuteness; but as we have no room to follow him throughout the course of his argument, we must refer the reader to the work itself.

Dr. V. attributes the origin of disease to the blood; but this is a theory which does not accord with facts. We have noticed this point already; it is, therefore, unnecessary to advert to it again. That the principle of disease may, under certain circumstances, enter the blood before any symptoms of derangement appear, no one will deny; but it may not act as disease on the blood. When it arrives at particular seats it forms its alliances, and these seats then only begin to manifest symptoms of disease; and the deviation from health is manifested, in the first instance, by deranged function.

The author relates one interesting case of inflammation of the bowels, which we shall lay before the reader: —

"Very recently (7th August, 1824,) I was called to a case, in which the symptoms of inflammation of the bowels were extremely equivocal. There was obstinate constipation; a strong regular pulse; pain of the abdomen, apparently from distention. The abdomen was very much distended with wind, and was blown out almost as if with a severe ascites. Pressure, though it created some pain, yet gave a little relief; there was fever, irritability, and great uneasiness. The man, however, was perfectly collected. Sixteen ounces of blood were drawn, leeches applied to the abdomen, and a blister afterwards. Purgatives of various descriptions and powers were also actively administered. He took nearly a dram of oil of croton, in doses of three drops every half hour; the purgative effects of which were assisted by cathartic enemata. Every effort, however, proved unavailing, and he died on the 12th, between eleven and twelve at night.

"On opening the abdomen, the omentum majus was found very much loaded with fat; in the centre was a complete tissue of red vessels, which gave it the appearance of an injected preparation. All the intestines and the stomach were greatly enlarged and distended with air; there seemed to be no difference between the diameter of the large and small intestines; nor could the colon be distinguished from the jejunum or ileon, except by its ligamentous bands and cells. The large intestines were filled with a soft (almost fluid) stercoraceous matter: the small intestines contained hardened scybala. In the cœcum was found an ulcer which had opened completely into the cavity of this portion of the intestines. The general appearance was a dark sphacelated or gangrenous one: their texture was nearly rotten, as the bare handling for examination was sufficient to rupture them in many places. The liver was natural, but the gall-bladder was enormously enlarged, and contained twelve ounces of a dark-green-coloured bile. The spleen was unusually small, and did not weigh above two ounces; the pancreas nearly natural, a little hard and somewhat turgid; the bladder natural. The peritoneum was inflamed in several places; and in some, had the same dark sphacelated appearance already noticed in the intestines." — Pp. 164—166.

From the symptoms of the above case, we should have been induced to take away double or treble the quantity of blood mentioned; but there are some cases of this description which will terminate fatally in spite of all remedies. We have always found large doses of calomel, combined with opium, frequently repeated, to answer best in such cases.

Dr. V. lastly speaks of the treatment of organic disease; but as he recommends no new plan of treatment, it is unnecessary to follow him any farther. We must confess that the work, upon the whole, is of an inferior kind. The first part of it, on dropsy, is very inferior; but the arguments in the latter part, on organic disease, are somewhat better. It, however, throws no new light upon the origin and nature of disease. It is only a repetition of what has been advanced a thousand times over.

PART III.

ANALYSIS OF FOREIGN PUBLICATIONS

IN THE DIFFERENT BRANCHES OF MEDICAL AND SURGICAL SCIENCE AND LITERATURE.

I.

Tableaux des Maladies observées à l'Hôtel-Dieu, dans les Salles de Cliniques de M. le Professeur Récamier, pendant le Cours du Premier Trimestre, et pendant le Deuxième Trimestre, de 1824. Par L. MARTINET. Revue Médicale, &c. Avril et Juillet 1824.

Reports of Diseases observed at the Hôtel-Dieu, in the Clinical Wards of Professor Récamier, during the First and Second Three Months of 1824. By L. MARTINET, &c.

(*Concluded from page* 410.)

IN a fatal case of organic disease of the stomach, the small curvature of this organ was degenerated, through a great part of its extent, into a lardaceous, scirrhous, homogeneous, and thickened tissue: this portion of the stomach was prolonged, by means of three tumours, nearly as low down as the umbilicus.

The history of a case of scirrhous rectum shewed the progress of the disease, from its commencement in chronic

inflammation of the mucous surface of this intestine. On *dissection*, the cancerous state was found to extend from the descending colon to the verge of the rectum: the three membranes of the whole rectum were degenerated into one scirrhous mass, so that it was impossible to distinguish the one from the other.

In a fatal case of disease of the *urinary organs*, occurring in a man aged seventy, who was admitted shortly before his death, the bladder was found fungous, ulcerated, and covered with pus: the prostate was about three times its natural size, and changed into a cancerous tissue, which was softened in several points.

Several cases of *metritis* were treated, in which the symptoms of swelling and heat of the neck of the uterus, of weight in the loins, of pain of the hypogastrium, and of vaginal discharge, variable in colour, were predominant. One of the patients whose sufferings were the most acute was subjected to a most active antiphlogistic treatment, consisting of repeated blood-lettings, the frequent application of leeches to the vulva, hypogastrium, and towards the hypochondria — in a word, wherever the pain appeared to fix itself with the most intensity — but without success.

M. Récamier, after having experienced the inefficacy of these energetic measures, suspected that the pains depended upon some other cause than inflammation, and considered the affection to be a species of *uterine neuralgia*. The patient was submitted to the use of various means, several of which evidently relieved her sufferings for a time. Amongst these were affusions, terebinthinum, and mercurial salivation.

Two patients died of organic affections of the uterus. They were females far advanced in life, and much exhausted by suffering. In one of them the os tinci was completely destroyed, and reduced to two small tubercles. The body of the uterus was softened in several parts, and degenerated into a lardaceous tissue.

A case of acute rheumatism of the joints, occurring in a female, was treated by the emetic tartar, to the extent of eight grains in the day, internally, in solution. It seemed to produce some relief; but as it was only employed two days, it is impossible to say how far it may have contributed to the recovery of the patient. The greatest number of cases of rheumatism occurred in subjects advanced in life. They were, in general, treated successfully by means of vapour baths.

The concluding part of this report we give in the author's own words, because we are desirous of placing a specimen of

the manner in which he adduces the opinions of the clinical Professor, and mixes them up with the valuable details of facts with which the report abounds:—

"Measles were rare: of the two cases which occurred, one was very mild, and yielded to a soothing treatment: the other, although its course was regular, required several applications of leeches to the throat. On the disappearance of the eruptive fever, bilious symptoms were developed, and soon became accompanied with a febrile movement. The alimentary regimen of the patient was abstemious throughout; at last, about the fourth week of her ailments, when she was advanced in convalescence, an anomalous eruption, with intense pruritus, broke out on the skin: this was dissipated in the course of a few days by means of fumigations and warm baths. Professor Récamier, during the course of this woman's disease, discussed the nature of measles; and remarked that the inflammation of the skin, ophthalmia, angina, bronchitis, gastro-enteritis, do not constitute the essential part of this disease, because either of these affections may be wanting, and the cutaneous eruption may be sometimes itself replaced by perspirations and other phenomena; shewing that these different phlegmasiæ are effects of the disease, and parts of it entirely distinct from the disease itself.

"Measles are announced by symptoms which precede the phlegmasia: the throat, the bronchiæ, and the stomach, are only secondarily and successively affected; for the fever was previously in existence. The phlogosis of measles seems to proceed from above downwards, and that of the digestive tube only comes on the last. On the other hand, the fever frequently ceases as soon as the gastro-intestinal phlegmasia supervenes. Measles consist of a series of inflammations of the mucous and cutaneous systems, proceeding from a specific cause which chooses the skin for its emunctory in preference to any other organ. Hence, when the phlegmasia of this tissue has not entirely dissipated the whole cause of the disease, and the eruptive crisis has not completely taken place over its vast surface, secondary inflammations frequently supervene during the course of the convalescence; abscesses form in different parts, and constitute supplementary and extraordinary crises; but the only supplementary crisis, supervening naturally, properly belonging to measles, and usually observed to follow it, is the increased cutaneous transpiration, which continues two or three weeks after the subsidence of the disease, and which is not always proportionate to the intensity of the phlegmasia, nor to the abundance of the eruption which, in some cases, it replaces, as we have already said; hence we cannot conclude that it is the necessary effect of the eruption. In the patient of whom mention has been now made, the crisis, instead of appearing on the skin with the aid of transpiration, took place on the digestive canal, where it was the cause of secondary phlogosis with fever: subsequently, and towards the fourth week of the disease, it terminated by exhausting itself in occasioning an anomalous eruption on the

skin. The secondary phlegmasia, which was easily distinguished by the pain at the epigastrium, by the retchings, the hiccups, the nausea, the abdominal pain, and by the diarrhœa, &c., was treated by demulcents; and it was not until the appearance of the cutaneous eruption of the fourth week, when the gastro-intestinal inflammation had entirely disappeared, that purgatives were used. M. Récamier expresses himself strongly upon the danger of giving purgatives during convalescence from eruptive fevers, unless there exists not the least sign of inflammation of the digestive tube. When irritation of the stomach and bowels is present, he advises that it should be allayed by warm baths, and by other means, which, whilst they facilitate the exhalation of the skin, modify, at the same time, its functions; in this manner abridging the duration of the consecutive transpiration.

"We shall terminate the account of the diseases of this quarter with the details of a case of quartan fever, and with some remarks on fevers of a pernicious tendency. The case of quartan ague was that of a young man, aged twenty-three years. The disorder was induced after considerable fatigue, had continued three months, and resisted a great variety of remedies. M. Récamier decided upon applying forty leeches on the hypogastrium and right hypochondrium. Not having succeeded by this method, and the abdominal organs, moreover, being perfectly unembarrassed, no pain being excited by pressure, and no congestion being felt either in the liver or spleen, M. Récamier caused the patient to be bled during the hot stage of the paroxysm. The fit was shorter than formerly. The bleeding was repeated during the same stage of the next paroxysm, which was of much shorter duration than the foregoing. Finally, the fourth fit did not supervene, and the patient recovered perfectly.

"The other case of intermittent fever occurred in a female who had complained, for a long time, of pain at the epigastrium, but which, however, did not present more than very slight symptoms; and these did not even attract much attention, until she was suddenly seized with lipothymia, on coming out of a bath. On the evening of the following day lipothymia reappeared, and was accompanied with retchings. Leeches were applied to the vulva;* but, on the third day, another seizure of the same description supervened, and carried off the patient. M. Récamier considered that the termination of the disorder marked it as an instance of pernicious intermittent fever.

"*Dissection* took place the following day; but it could not account for the sudden death, nor for the phenomena that preceded it. The pia mater presented only a very slight congestion; such as is often observed in subjects who have died of disorders unconnected with any cerebral affection. A very circumscribed point in

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* Wherefore, we may ask? Lipothymia augurs a state of the system opposite to that requiring depletion, especially when idiopathic, as this appears to have been.

the right hemisphere of the brain seemed to present the commencement of softening of the brain in a very slight degree. The stomach, which was slightly inflamed, offered some red patches in a part of its great curvature: these were more or less distinct. Finally, the pericardium contained two ounces, or somewhat more, of a sanguineous serosity. All the other organs were healthy, as were the large vessels.

"Whilst remarking on this form of intermittent, M. Récamier observed that its danger does not always depend upon the violence of the prominent symptom, which sometimes consists only of simple pain, which is not very intense, but which is not the less the precursor of most eminent danger, if the course of the disease be not arrested. In pernicious agues, the predominating symptom is increased in every successive paroxysm, until the death of the patient. The pulse usually remains calm in the midst of the general disorder — it is not increased in frequency. This state of the pulse is characteristic of this form of the disease: it ought to put the Practitioner on his guard. In the case just now mentioned, the pulse, instead of being more frequent during the paroxysm, became much slower and weaker. The specific character of the pernicious form of ague is then its extreme and prompt tendency to extinguish life. The principle of the disease, the cause of death, is distributed throughout the organism; but it may localise itself, in one of the more important organs, and occasion, in certain cases, their speedy disorganisation, as has been observed with respect to the brain, the lungs, the heart, the stomach, &c., thus producing a comatose, dyspnoëtic, lipothymic, choleric form of the disease."

II.

Mémoire sur l'Inflammation des Nerfs. Par L. Martinet, M.D. (Revue Médicale, Juin 1824.)

(*Concluded from page* 412.)

Case 7th. — A man, sixty-eight years of age, entered the *Hôtel-Dieu* in January 1817. The symptoms of which he complained were those of abdominal phlegmasia, and of encephalic affection.

On the 19th of February pain suddenly appeared in the left ischiatic region, extending along the posterior part of the thigh to its inferior third. A blister was placed on the part where the pain was most acute: it exasperated the pain. On the second day twelve leeches were applied on the ischiatic slope. The cephalic and abdominal symptoms were increased. On the fourth day, twelve leeches were again applied; but the patient died on the following day, which was the fifth from the invasion of the sciatica.

"*Dissection thirty-six hours after death.*—Besides extensive inflammation of the arachnoid, and several abscesses existing within the abdomen, the following alteration of the sciatic nerve was observed.—It was healthy at its origin, but became red where it proceeds out of the pelvic basin. Pus was found infiltrated between the fibriles composing it. The surrounding cellular tissue was also penetrated by pus. This lesion of the nerve was about three inches in extent. The nerve of the opposite side was sound."

Case 8th.—A youth twelve years of age, of a lymphatico-sanguine temperament, complaining of all the symptoms characterising pulmonary consumption, began to experience, about the end of December 1821, lancinating pains of the thigh, commencing in the ham, and terminating about the long trochanter of the left side. On the following days, these pains increased, so that, on the 5th of January, (the twelfth day from the invasion of the pain,) the limb could not be moved. Pressure on the sciatic nerve caused a painful numbness in the whole limb, both above and below the part pressed upon. The pain was always of the same description, consisting of a painful numbness with sudden lancinating exacerbation of the pain, occurring from time to time in the course of the nerve: these paroxysms of darting pains were somewhat increased at night: during the progress of the disease they became more rare. Leeches were applied to the thigh at two different times, and each time with advantage; emollient cataplasms were also placed on the most painful parts, namely, on the ham and ischiatic region, with the effect of diminishing the pain. The disease of the nerve remained nearly stationary for two months, whilst the pulmonary disease advanced, until the patient died in a state of complete marasmus.

"*Dissection.*—The lungs were filled with tubercles, the greater number of which were in a state of suppuration. The left sciatic nerve was not sensibly increased in size, but it was surrounded, along the whole of its upper third, by a sanious pus, which had separated the muscles around it, so that it was completely isolated in several parts. A sanious pus also existed between the fibriles of the nerve. In the other parts of its course, the nerve had preserved its white appearance; but, in the situations where pus was found, traces of sanguineous congestion, and injection, and red points, similar to those which are observed in portions of the brain affected with inflammation, were very evident, both in the interstices of its fibres, and in the cellular tissue which enveloped it. Ablution, instead of removing the red points just now mentioned, rendered them much more evident."

Case 9th.—A man, aged forty-four years, was affected, dur-

ing eight days, with pain, which was seated in the right sciatic nerve, and which had supervened after a sudden suppression of perspiration, owing to exposure to cold when overheated. The pain had made daily progress until his admission into the Hospital. It then was exasperated by the impression of cold, and diminished by heat; rest soothed it, but the least motion increased it. Pressure of the crural nerve occasioned numbness of the inferior part of the thigh, and a pain of a lacerating nature in the part pressed upon. The temperature of the limb was increased, both as respected the sensation of the patient, and that conveyed by the hand of the observer. Slight fever was also present, which was increased towards evening, as also was the pain. This man continued in the same state for three days, during which time he had used some baths, when, having been chilled, peritonitis supervened, and carried him off on the 12th day after his entrance into the Hospital.

"*Dissection.*—The crural nerve, at the place of its exit from the abdomen, presented, to the extent of an inch and a half, an increase of size, which appeared to us to be double that of the nerve of the opposite size. The diseased portion of nerve was of a violet-red colour, and strewed throughout with small ecchymoses, of about the size of a pin's head. The cellular tissue that united the fibriles of the nerve together, shewed distinctly the injection of the vessels which proceeded to them. This redness, which penetrated almost into the interior of the nerve, was much more marked towards the crural arch than anywhere else. The lumbar plexus was natural: the inferior portion of the crural nerve was white, and not augmented in size."

Case 10th.—A man, fifty-six years of age, affected with consecutive luxation of the head of the left femur, had been in the *Hôtel-Dieu* several months, when, on April 27th, 1817, he suddenly experienced most acute pain of the limb, extending from the ischiatic slope, along the posterior part of the thigh and fibular margin of the leg, to the external ancle. The slightest pressure on the ischiatic region, or the gentlest motion of the thigh, considerably increased the violence and lacerating severity of the pain. The moxa was applied on the part most pained, but without advantage. The various remedies, which had been employed for the coxalgia, under which the patient laboured, were continued, as the sciatica was considered to be the effect of the disease of the joint; but the sciatica alone seemed to occupy his whole sensibility. The sores left by the moxa were allowed to suppurate, but the pains continued nevertheless. He died on the 16th of May, exhausted with his sufferings.

"*Dissection thirty-six hours after death.*—All the muscles surrounding the hip joint were of a brown slate colour. This colour was darker the nearer the articulation. The muscles gave out a tainted odour, and were partly putrid. The round ligament was disorganised in several points, was of the same shade of brown as the surrounding parts, and was covered with purulent sanies. The capsule presented a similar appearance. The synovial membrane, and the cartilages that covered the cotyloid cavity and the head of the femur, were nearly altogether destroyed. The surfaces of the bones were carious, and covered by a sanious and putrid pus, which had infiltrated itself around all the joint and between the adjoining muscles.

"At its exit from the ischiatic slope, the sciatic nerve was of a similar colour to that of the muscles surrounding the joint. In proportion as this point was proceeded from, the shade of colour was less deep, and a red tint became more apparent. The nerve, when laid open along the extent of its lesion, which was about three inches, was observed to be red internally. Its density was considerably diminished, and it exhaled an odour similar to that given off by the muscles of the joint. Below this part the sciatic nerve was not altered in its appearance."

M. Martinet concludes the subject of inflammation of the nerves with some remarks which chiefly refer to the diagnosis of the disease.

"The pain," he observes, "which depends upon the exalted sensibility of the inflamed neurilema, may be more or less violent: it approaches in its character to that observed in inflammation of the fibrous tissues, excepting that it follows the course of the nervous ramifications, and it produces a numbness, which sometimes proceeds almost to a state similar to paralysis. During the remissions, which are but imperfectly marked, the pain is dull, but it never ceases suddenly, and its paroxysms are never instantaneously developed. The pain is almost always constant; but it is exasperated considerably, and at will, by a simple pressure in the course of the nerve; and yet, even then, the pain is always similar to that which existed previously to, or which follows, the paroxysms. The pain also may always be thus excited, whatever be the calm which accompanies the remission. Finally, there is a constant relation between the violence and duration of the neurilematic pain and the inflammation which produces it.

"In the purely nervous irritations of the medullary substance of the nerve, or pure neuralgia, on the other hand, as, for example, in neuralgia of the face, &c., the pains are generally peculiar; the ramifications of the nerves are pervaded by it, with a rapidity which is characteristic of this complaint alone. The return of the paroxysms may be as irregular as that of the remissions, which invariably take place. Pressure on the trunks of the nerves, even during the severest paroxysms, far from increasing the pain, rather tends to calm it. The pain in neuralgia varies infinitely; yet it

preserves an identity of character, which serves to distinguish it from pain of every other tissue."—"These different alterations of sensibility frequently proceed in an irregular manner during the course of a single paroxysm: they often cease suddenly, in order to reappear with equal promptitude; and the remissions and the paroxysms are characters as pathognomonic of the disorder, as the passage of the pain along the trunks of the fibriles of the nerve. Finally, neuralgia is susceptible of being displaced, and of passing from one nerve to another with a rapidity and intensity of which inflammation of the neurilema is not susceptible."

M. Martinet next adduces the effects of remedies in both these disorders, as circumstances shewing the difference between neuralgia and inflammation of the nerves. In the former complaint, narcotics, antispasmodics, and tonics, are serviceable; whilst counter-irritation, blood letting, leeches, &c., are either of little avail, or even hurtful. In the latter, the antiphlogistic treatment, and local depletions, are beneficial; but tonics, antispasmodics, irritants, &c. are generally productive of increased suffering.

From the foregoing observations, Mons. M. draws the following corollaries:

"1. Inflammation of the nerves is the cause of a form of neuralgia, but one which is more rarely met with.

"2. That this inflammation is seated in the neurilema, and in the cellular tissue which unites in fasciculi the fibriles forming the nerves.

"3. That this inflammation has for its constant character the development and increase of the pain, by pressure on a part of the inflamed nerve.

"4. That this inflammation differs from idiopathic neuralgia, which consists of an alteration of the sensibility of the medullary substance, in this, the pain of the former is always exasperated by pressure, that of the latter is never increased by it. The pain of neuralgia is very variable in its nature, and is always attended with remissions."

III.

Compte rendu de la Pratique Chirurgicale de l'Hôtel-Dieu de Lyon, pendant Six Années. Par L. JANSON, Chirurgien en Chef, &c.

Report of the Surgical Practice in the Hôtel-Dieu of Lyon, during Six Years, &c.

(*Concluded from page* 416.)

9. *CATARACT.* — M. Janson has performed the operation for cataract in two hundred and fifty cases. Of these 166 were completely cured; 28 partially cured; and 55 cases were unsuccessful. He observes, that in public hospitals, however great may be the excellence of the operation, the vigilance of the Surgeon, and the attention of the persons appointed to watch the patients, there are many untoward circumstances which destroy the best-grounded hopes of success.

10. *Fistula Lachrymalis.* — M. J. has tried most of the modes recommended for the cure of this disease. The plan of Hunter, and the mode introduced by Anel, have both repeatedly failed in his practice. These unsuccessful attempts led him to prefer Desault's plan, which he has practised more than sixty times.

11. *Hernia.* — M. Janson remarks on this subject, that the want of success attending the operation for the relief of strangulated hernia is usually owing to its not being resorted to sufficiently early; — that it is extremely difficult to say with precision what the hernical sac may be found to contain; — that the general symptoms sometimes do not accord with the local alteration of the part strangulated; — that gangrene has been found existing in cases of hernia where the patient has not vomited; — and that, on some occasions, when he has conceived that he was operating under the most unfavourable circumstances, he has been quite surprised at the slight degree of inflammation which existed.

In ten cases of femoral hernia in the male subject, M. J. has divided Roupart's ligament high up and in the centre. He is convinced that the danger of hæmorrhage by this mode has been much exaggerated. In these cases, however, he divided the ligament with much caution. After cutting the anterior fibres, he dilated the stricture with the extremity of his finger, which enabled him to feel the epigastric artery on the outside, and not far from the point at

which the incision terminated. On this account, he has preferred, and adopted in several cases with success, the plan of dividing Gimbernat's ligament, as it offers the same advantages as the foregoing, with much greater security.

12. *Lateral and Recto-Vesical Operations for the Stone.* — Of forty-three patients, of all ages, on whom the lateral operation was performed, thirty-three were cured, and ten died. Three or four of the unsuccessful cases were attended with untoward circumstances — such as encysted and adhering calculi. In 1822, M. Janson tried the recto-vesical operation, which was then coming into notice, first on a child three years of age, and on a young man in the prime of life. These cases were very successful. The child was perfectly cured at the end of six weeks, and without fistula; and the young man was discharged after five months, with a small fistula, which soon healed. In the course of the autumn of 1823, M. J. again performed this operation three times. The first patient was perfectly cured in the usual time. In the second, the bladder was ulcerated, and lined with an earthy deposit. The third patient had formerly undergone the lateral operation, and a *fistula in perineo* had remained since. Another calculus had formed, and for the removal of this he was desirous that the operation should be performed. It was performed through the rectum, and a large stone extracted. The patient was perfectly cured by this operation, both of the calculous complaint and of the fistula, which he had laboured under for several years. From the results of his experience, M. J. concludes that this operation is not proper in young children. He operated on two in the spring of 1823, and both died of inflammation of the bowels. He adduces various considerations calculated to shew the impropriety of performing the recto-vesical operation in subjects of this description.

On the subject of *Amputation*, M. Janson remarks, "that it is high time that the importance of sleep and repose, after serious operations, be duly considered; for how can a patient enjoy these, if a number of persons be allowed to crowd around the beds of the patients, whose presence and unguarded questions are calculated to occasion most serious consequences."

PART IV.

MONTHLY COLLECTION

OF

MEDICAL FACTS AND OBSERVATIONS.

Pathology.

Memoir on the Pathological Anatomy of the Peritoneum. By M. Scoutetten, M.D., attached to the Military Hospital of Toulouse, &c.

(*Concluded from page* 426.)

3. *Alterations which are not the result of Inflammation of the Peritoneum.*

Ecchymoses.—It is not unusual to encounter sub-peritoneal ecchymoses: their number and extent are extremely various: they may be recognised by the brown and even altogether black colour of the peritoneum, forming a circumscribed spot without an inflammatory areola. If the more superficial lamina of the serous membrane be removed, the cellular tissue will be found filled with black blood, which is thicker the older the ecchymosis. If the membrane be washed, it is only with difficulty that its usual transparence is restored: the blood appears infiltrated through the pores of its tissue. The size of the ecchymoses varies much: some are scarcely as large as a pin's head; others are larger than a five-franc piece. The situations affected by them are far from being the same: I have found them in every part of the peritoneum; nevertheless, they are more frequent on the small intestines than any where else. I have, however, found them on the large intestines, where they were of a very remarkably large size. Those that I have seen between the laminæ of the omentum were generally very small. The cause of ecchymoses seems to me to be a rupture of some small vessel; and I believe that they form more frequently on the intestines than on other parts; for, as the mucous membrane of these latter, being very frequently irritated, attracts the blood very forcibly, distention of the capillaries, rupture of their parietes, and sanguineous effusion, are the consequences.

Various Colours produced by the Bile, the Blood, Liver, and Spleen.—One of the most frequent changes which we observe in the body some time after death, is the yellow colour of the peritoneum, occasioned by the bile exuded through the gall-bladder. This colour is sometimes confined to the peritoneum in the immediate vicinity of the gall-bladder; at other times it extends much farther, even to the omentum, stomach, &c. The intensity and extent of colour are generally in proportion to the period which has elapsed from the death of the patient: it is scarcely observable until two or three hours after this has taken place.* There are also certain circumstances which favour the production of this yellow colour: I believe that it takes place more speedily and distinctly in persons who have died of acute gastro-intestinal inflammation, than in those who have sunk under chronic phlegmasia. In the latter case, the bile is generally very fluid, and scarcely coloured; it, therefore, does not stain the tissues so readily, or, at least, not so distinctly. The passage of the bile through the parietes of the gall-bladder is a phenomenon entirely resulting

* The deepness and extent of the colour produced by the bile on the surrounding tissues, at a given time from the patient's death, depends also much upon the nature of the disease of which he died.—Edit.

from the loss of vitality: as soon as death relaxes the tonicity of the tissues, the fluids penetrate their substance by a capillary imbibition, and exude through them. The process may go on for several days, but it ceases soon after the abdomen has been opened: the contact of the air, owing to its drying the tissues, is an evident obstacle to the transmission of the fluid.

The blood may also stain the serous membrane of the abdomen: I have observed several instances of this. A man, in a moment of delirium, threw himself from a window; nearly the whole peritoneum was found of a red colour. I considered at first, that the appearance was that of an inflammation which had existed for a short time before death; but on examining more attentively, I found a rupture of the spleen, the effused blood from which had stained the peritoneal membrane. A somewhat similar case also came under my observation; in this the colour likewise arose from blood effused from the spleen, but the effusion was from an ulcer spontaneously developed in the surface of this organ.

The colour is generally disposed in large red streaks, traversing a part of the free surface of the intestines. The shade is the same throughout — no vessel appears dilated; but it is suddenly arrested at the point where the peritoneum is in contact with any other part. Although the shade of colour has not been very deep, yet it cannot be destroyed by simple ablution. It may be considered difficult to distinguish the appearance now pointed out from the hæmorrhagic peritonitis, of which I have made mention above; the contrary, however, can be affirmed. The source whence the blood has issued is easily recognised, if the examiner be not contented with a superficial research. Moreover, the peritoneum is always sound when the appearance just now detailed is observed; but it is always diseased when hæmorrhagic peritonitis is present.

The *reddish-brown colour*, natural to the liver, communicates itself, in certain cases, in a very sensible manner, to the portions of the peritoneum in contact with it. According to my observations, I have only seen the inferior portion of the organ produce this appearance, and hence the right portion of the superior and anterior surface of the stomach, also a part of the transverse colon, are sometimes found thus stained. This appearance occurs in subjects who have died of very acute inflammation of the mucous membrane of the digestive canal. The delay which takes place from the time of death to that of inspecting the body, also favours its development. It may be distinguished from inflammation, by the circumstances of no vessel appearing dilated — of no small sanguineous spots being perceived — nor any of these dendroidal forms characterising inflammation. An uniform brown colour is observed, forming patches which are sometimes distinct and at other times united, occasionally dry, and at times covered with a viscid, reddish fluid, evidently exuded from the substance of the liver. The serous membrane is not thickened, and may be easily detached from the muscular tunic. If the peritoneum be washed, the colour becomes less deep, but does not entirely disappear. The appearance is entirely a *post mortem* change — I have never seen it within a few hours after death.

What I have now said, respecting the liver and gall-bladder, is in a great measure applicable to the spleen. This organ, however, more rarely produces coloured patches of the peritoneum. When it does, the patches are usually observed about the inferior and anterior part of the large curvature of the stomach: they are generally reddish, and sometimes a bluish brown. Generally there is only one patch thus stained; occasionally, however, several patches are observed close together, forming a very singular marbled appearance. The circumstances distinguishing inflammation from the coloured patches caused by the liver and gall-bladder, apply equally to those patches occasioned by the spleen.

4. *Fluids accidentally contained in the Cavity of the Peritoneum.*

Gases. — The cavity of the peritoneum, as well as other serous cavities, may contain gas. Ancient authors regarded this as a frequent occurrence, but dissections have shewn their mistake. Willis and Littre even conceived the occurrence to be impossible, but their exclusive opinion was successfully combated by MM. Combalusier and Portal. The gases which are met with in the

peritoneum may proceed from different sources. They may escape sometimes from an accidental aperture occurring in the stomach or intestines; they are then in small quantity, and their odour generally betrays their origin. At other times they are the product of the inflammation of the peritoneum: the secretion may be then abundant, so much so as to distend the abdomen, and to form true peritoneal tympanitis. When the gases originate in this latter manner, they are generally attended with an effusion of liquid. The gaseous fluids may also be secreted without any apparent exciting cause: M. Portal has recorded several remarkable instances of this occurrence.* He adduces the case of a man, aged sixty years, who was considered to be hydropic, and in whom, on opening the abdomen, so large a quantity of air escaped as to occasion a small explosion. This air had a very bad odour; yet no lesion could be traced in any of the abdominal organs.

The same author details the case of a female, whose abdomen, at the moment when the Surgeon was preparing to perform paracentesis, almost suddenly subsided, without any sensible evacuation being detected. P. Frank† admits the possibility of peritoneal peritonitis, and says it occasionally happens that, on puncturing, in cases of presumed ascites, air has escaped instead of water. In the numerous *post mortem* inspections I have made, I am not perfectly certain that I have not once detected air secreted by the peritoneum, without it presenting any lesion of its tissue: the quantity, however, was not considerable. It appears, from the remarks of M. Ribes, that, on opening carefully the serous cavities of a living animal, an elastic fluid escapes at the moment when the scalpel penetrates into them. I have not verified these observations, but I can easily admit their accuracy; considering the temperature of the body, we may readily believe in the vaporisation of a part of the secreted serosity.

Liquids. 1. *Bile.* — Ruptures of the gall-bladder, or of its ducts, occasioned by violent contusions of the abdomen, or by the perforation of this cavity with a cutting instrument, have been frequently observed by Physicians: Morgagni and Lieutaud record several examples. In these cases the bile must necessarily become effused within the peritoneum, and occasion consequences terminating in the death of the patient. These occurrences being by no means extraordinary, I shall not insist upon them. But another circumstance sometimes is met with, which permits the bile to be effused within the abdomen: this is spontaneous rupture of the gall-bladder or of the gall ducts — an occurrence both curious and interesting, and of which medical science already possesses several instances. M. Portal gives, in his *Anatomie Médicale*, the history of a case, the subject of which, after having experienced violent colics, died on the second day. On opening the body, about a pint of bile was found in the cavity of the peritoneum, which presented erosions in several parts. There was also, in the inferior part of the gall-bladder, an opening in which the point of the finger might have been introduced. The cavity of the bladder was very large: the cystic canal was entirely obliterated and ligamentous. An analogous case is recorded by M. Martin Solon, in the *Nouveau Journal de Médecine*, &c. The man in whom it occurred, after an attack of severe disease, from which he was recovering, felt suddenly most violent abdominal pains, which nothing could assuage, and which soon terminated his life. On dissection, the gall-bladder was found ruptured, the bile effused in the peritoneal cavity, and the peritoneum inflamed. I have also had occasion to encounter the effusion of bile in the abdominal cavity. It occurred in a soldier, who, after having laboured under acute gastro-enteritis of much violence, from which he was seemingly recovering, suddenly complained of symptoms of peritonitis, of which he died in a very short time. On examination of the body, a very considerable effusion of bile was observed in the abdomen. I at first conceived that I had opened the gall-bladder in dividing the abdominal parietes, but I found that the bile had escaped from an ulcerated perforation of the common duct.

Rupture of the gall-bladder, or of its ducts, may be also occasioned by the presence of a calculus which, by shutting up the passage, causes the secreted fluid to accumulate in its reservoir. This continued accumulation terminates in

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* Anat. Méd., Tom. V. p. 112. † Méd. Pract., Tom. IV. p. 43.

inflammation of the tunics of the viscus, next in their softening, and lastly in their rupture. Effusion of bile into the peritoneum, in consequence of rupture of the biliary passages, can rarely be known during the life of the patient. All that can be positively affirmed is, the existence of acute peritonitis; and, if all hope be not lost, the only thing that can be done is to combat it by the means usually employed in acute inflammation.

2. *Urine.*—Effusion of urine may be occasioned by external lesions. But without noticing these causes, there are numerous other circumstances productive of this accident. A sound placed in the bladder, and forced against its parietes, may perforate them, and occasion effusion of urine into the peritoneal cavity. Ulcerations commencing in the mucous surface sometimes perforate, at one or more points, the different tunics, and produce the same effect. The bladder may also be ruptured in consequence of great distension; as has been observed in cases of retention of urine. Whatever may have been the cause of the effusion of urine into the abdomen, it may be detected by the odour it exhales, by its colour, and the existence of the opening whence it proceeded.

3. *Chyle.*—If it be by no means exraordtinary to discover the different fluids already mentioned in the peritoneal cavity, it is much more rare to find an effusion of chyle in it. This occurrence has, however, been met with by observers. Morgagni mentions a case of this kind. Littre records, in the Memoirs of the Academy of Sciences of Paris, a case which seems to demonstrate that the chyliferous vessels may, owing to their rupture, effuse a very considerable quantity of this fluid. Without denying the possibility of chylous effusion into the cavity of the peritoneum, which some authors appear really to have observed, I believe the occurrence is very rare.

4. *Pus.*—On dissection, a very considerable quantity of pus is sometimes found in the abdomen, without any diseased appearances of the peritoneum being observed. In such cases the pus has proceeded from an abscess of the liver or of the spleen, which has broken into the peritoneal cavity. Sometimes it has proceeded from suppuration of the mesenteric glands. It is very seldom that pus has found its way into the abdomen from the chest. A case, however, in which this occurrence took place, has come before me. A man, who had presented, during several months, the most unequivocal symptoms of fluid having collected in his chest, complained of symptoms of peritonitis, which had supervened suddenly, and which, although not very acute, soon terminated his life. On opening his body, more than a pound of pus was found in the abdomen: after searching with care for the part whence it proceeded, the diaphragm was observed to be perforated in two parts. The larger of the openings was near the posterior margin of this muscle, and at the middle of the left side: the second was situated a little before the other. They were produced by ulcerations formed in the diaphragmatic pleura.

5. *The Amniotic Fluid.*—This fluid has been found effused into the abdominal cavity. This has taken place when the womb has been ruptured about its fundus, and allowed the fœtus to escape into the peritoneum. Besides this fluid, the fœtus and its enveloppes have been, of course, found in such cases in the same situation.—*Archives, Août*, 1824.

Practice of Medicine.

Notice of the Employment of the Lobelia Inflata L. in Asthma, and as an Emetic. By M. Bridault de Villiers, M.D., &c.

The natural family of the *lobeliaceæ* have some relations with the family of the *campanulaceæ*, of which it formerly made a part; but it is endowed, generally, with an acridity much more marked. Several of the species of *lobelia* are capable of producing a deleterious effect on the animal economy. The only species employed in medicine is the *lobelia syphilitica* (Edinburgh Pharmacopœia), the juice of which, taken in a small dose, acts as a diaphoretic; in a larger dose, as a diuretic and purgative; and in a still greater dose, if the experiments of Dupuy may be relied upon, as an emetic. According to Murray, the *lobelia longiflora* is more active than the former. The root of the *lobelia cardinalis (cardinal flower)* is said to be used as a vermifuge by the

North Americans; and an infusion of the *lobelia inflata* is prescribed, in the United States, in leucorrhœa.

This last-named plant grows abundantly in several parts of the United States. Its leaves and capsules are excessively acrid, and when they are kept some time in the mouth they produce vertigo, cephalalgia, with tremor of the whole body. Its taste is nearly resembling that of tartar emetic. It is a very active emetic, occasioning, when given in a large dose, a great depression of the vital energy, and increased perspiration. It also acts occasionally on the bowels, producing a purgative effect. Shœpf speaks of this species of *lobelia* as being good in ophthalmia, without saying any thing of its other medicinal properties. Drury, Barton, Stewart, Eberle, and Cutler, have brought it into considerable notice in the United States.

"I have had the bad fortune," says Dr. Cutler, "to have been asthmatic for nearly ten years, and I made trial of a great number of remedies used in similar cases with but little success. In some paroxysms the *pothos fœtidum* procured me immediate relief. The last summer, I had the most violent attack which I had ever experienced. It commenced about the 1st of August, and continued for eight weeks. Dr. Drury, also an asthmatic, had made trial of the tincture of the *lobelia inflata* in a violent attack of this disease which he suffered. He was instantly relieved, and has continued entirely free from asthma ever since. I prepared a tincture of the fresh plant, and took care that the spirit should be saturated with its virtues, a circumstance which I think important. In a most severe fit, in which the difficulty of respiring was extreme, and which had continued a considerable time, I took a spoonful of this tincture. In the course of three or four minutes I found my respiration as free as it ever was; ten minutes afterwards I took another spoonful, which caused some degree of sickness: at the end of another ten minutes I swallowed a third spoonful, which had a sensible effect upon the stomach, and produced gentle vomiting, as well as a kind of pricking over the body, and extending to the extremities of the fingers and toes. Since that period I have enjoyed as good health as I had before the first attack."

Other Physicians in the United States have employed this energetic plant with a very marked advantage in asthmatic affections. Dr. Barton mentions a case of this nature, in which he administered a tea-spoonful of this tincture every two hours, with a prompt and happy effect. Dr. Stewart obtained unequivocal advantages from it in a case of spasmodic asthma. Dr. Cutler, who has been already cited, has ascertained that it is an useful remedy in consumptive cough, and in that depending upon the accumulation of mucus in the bronchiæ. Dr. Eberle has given it as an emetic in croup, with very great success; and an infusion of the plant has been administered as an enema, as a substitute for tobacco, in order to facilitate the return of strangulated hernia.

The plant should be collected in the month of August. All its parts are endowed with active properties; but the root and the capsules are the most energetic of all. It may be taken in the form of powder or of tincture: the latter is the most convenient form. The following is the formula adopted for the preparation of the tincture of the lobelia in the Pharmacopœia of the United States:—

℞ Lobeliæ Inflatæ, ℥ij.
Alcoholis Diluti, ℔j. Digere per dies decem et per chartam cola.

The powdered leaves act as an emetic, from the dose of ten grains to twenty: in a much smaller quantity it acts as an expectorant. The saturated tincture may be administered to children from one to two years of age, in the dose of twenty or thirty drops. This species of lobelia is accurately described by Dr. Bigelou, in his *Medical Botany of the United States;* and by Dr. Barton, in his *Materia Vegeto-Medica of the United States.*

Cases of Spinal Disease. By R. W. Bampfield, Esq., &c. &c.

Case I.—Mrs. Phillips, aged thirty-seven, October 1st, 1818, had been labouring under a complaint of the spine for several weeks, and, as it was treated as a nervous affection, she derived no benefit from the medical treatment, and, on

changing her medical adviser on this account, she applied to me. She complained of severe pain in the dorsal portion of the spine, which shot through the chest to the sternum, and which was increased on pressing on the spinous processes, and on moving the arms; the upper and lower extremities, at times, seemed powerless, and when she went to bed, and assumed the recumbent posture, she lay like a paralytic person, and was unable to move or raise herself up: and, of course, had infinitely less power of muscular motion than when sitting up; in the horizontal position, the pain extending from the spine to the sternum was more severe, and sometimes impeded free respiration; fever, with thirst and anorexia, was induced; the pulse was generally more than a hundred, the face flushed, and the patient was almost always in a state of free perspiration; the bowels were obstinately costive, and the patient was affected with headach, and was nervous and irritable. She was bled from the arm, and leeches were applied to the dorsal portion of the spine affected with most pain; she took calomel and gamboge at bedtime, and two hydragogue aperient draughts in the course of the following forenoon. The antiphlogistic regimen was strictly observed.

October 2. — The patient past last night much freer from pain than she had done for many weeks, and was able to move a little in bed; the symptoms continued, however, in an abated degree, and the leeches were repeated on the 5th and 8th with increased good effect, whilst the bowels were made to act three or four times a day, by the medicines already mentioned. The leeches were once more applied, and venesection was again had recourse to. Blisters were laid on the spine, and the calomel was continued until slight ptyalism was induced. By these means, the acute pain and inflammation, and its attendant fever, were removed, and after the 23d November, the pain was seldom felt in the spine, and the muscles of the extremities and back gradually recovered their due share of strength, and the patient's health was restored. Stimulating liniments were rubbed on the spine, after the pain became only occasional. The patient required the use of purgatives to assist the action of the bowels, until after the 3d of December. She has not had any return of the symptoms. I have seen three cases similar to Mrs. Phillips', two of which recovered, and one died; the latter I only saw once, at which time she was bled with good effect; but as her medical relation and herself did not think her case so serious as I did, and she objected to topical bleeding and a regular course of medicine and low regimen, my attendance was withdrawn, and she died rather unexpectedly by her friends, in less than four months.

Case II.—Harriet Blundell, aged nineteen, Covent Garden Infirmary, states, she had been affected with gonorrhœa for many weeks, which did not yield to the usual remedies, but in the beginning of December was suppressed rather suddenly by an alum injection.

December 10.—She complains of most severe, constant pain, extending from the basis of the head along the spine as low down as the 9th dorsal vertebra, and of pains shooting from the occiput to the left parietal bone; the left shoulder and the neck in its whole circumference are painful; she lies on her back, inclining obliquely to the right side; the arms weak and almost paralytic, and she can scarcely move herself at all; pains shoot into the breasts, and an obtuse pain is felt under the sternum; pyrexia is considerable, and attended with pervigilium; temporary delirium; anorexia; thirst; tendency to constipation. She was bled *ad deliquium*, and ordered a drachm of magn. sulphas, with antimony and colchicum, every six hours. The symptoms remained stationary, or were somewhat abated; but no permanent amendment ensued from the 10th to the 17th, yet the symptoms had varied.

December 17.—The pain of the head is now greater than the pain of the spine, and is most felt around the crown of the head; for the last three days she has lost all muscular power, and could not move her arms or her body; she complains of great pain in her breasts and lower extremities. She states, that the severity of pain alternates between the head and spine; and when the back is very painful the head is much relieved, and *vice versa*; the fever, with great frequency of pulse, varying from 120 to 150, pervigilium, occasional delirium, utter loss of appetite, and thirst, continue; she frequently cries, is very low, and sighs; the bowels are kept open, and she sometimes perspires freely—Rep.

venæsectio et mist. feb.; and she was prescribed a grain of calomel and five of jalap every night.

December 19.—Is much the same; she complains of pain of her throat and some difficulty of swallowing, but no mark of internal inflammation is visible; pressure on the spine increases the pain very little, and fomentation gives temporary relief; bowels are kept relaxed—Rep. venæsectio et appl. hirud. viii. inter scapulas.

December 28.—The symptoms and pain have not been so severe, but the spinal pain and headach have continued more or less, with fever, frequent pulse, loss of appetite, and extraordinary watchfulness, so that, in fact, she has hardly ever slept at all, and her sufferings excite the commiseration of her nurse and attendants. I thought it possible the state of the pulse and pervigilium might arise from nervous irritation, and tried to induce sleep with a pill of opii gr. i. et hydr. submur. gr. v. h. s. s., but it failed; and on the following day, the headach and spinal pain had increased, and she was again bled *ad deliquium*. The blood has always exhibited the coriaceous buff. She has been bled with leeches on the spine since the 28th. The bowels are very inactive, and she takes magn. sulpt. 3iss. cum liq. ant. tart. 3ss. &c. 6tis horis.

January 4.—The symptoms have abated since the last bleeding, but the disease has periods of remission and exacerbation, and she always suffers most in the night; the pain of the spine from the occiput to the ninth dorsal vertebra was more constant and acute than the headach; the greatest pain has always been about the fourth dorsal vertebra; the spinal muscles have not been contracted as in opisthotonos, but were rigid, from the constant immobility of the spine, in consequence of the pain its motion produced. Until the 27th, the symptoms had been moderated, although a chronic form of inflammation was present, which was treated by local bleeding, leeches, the purgative saline draughts, and I also prescribed pil. hydr. gr. v. ter quaterve die. On the 27th, there was a severe exacerbation of symptoms; the spinal pain and headach were nearly as severe as ever, and all the symptoms described on the 17th December returned. At her own request, she was bled largely, and fainted. Syncope returned at intervals for several hours, with languid circulation, cold extremities, pale lips, &c. and it was necessary to give her warm diluents and stimulants to remove this state of collapse, after which, the antiphlogistic treatment was resumed, with the use of the pil. hydr.

January 31.—Is better; the pain of the head and back is slight; the pulse is quick, and fever, with anorexia, thirst, and pervigilium, continue in an abated degree. From this period, the symptoms abated gradually, the pains diminished, the fever and quickness of pulse subsided, the power of volition and the muscular movements were resumed without producing pain after a time; but the symptoms had been so pertinaceous, that they appeared at last to disappear abruptly, especially some degree of headach and pain about the fourth dorsal vertebra, which finally left her on the 8th of March. From February 1st to the last named period, she continued the use of pil. hydr. gr. v. 6tis horis, with saline aperients daily; and leeches or a blister were applied to a portion of the spine, between the occiput and ninth dorsal vertebra, once a week, until a permanent blister was established about the fourth dorsal vertebra. She continued pil. hydr. gr. v. et aloës gr. i. bis die, for some time afterwards. It is remarkable, that the salivary glands were not in the least affected even by pil. hydr. gr. xx. every day, for seven weeks, and gr. v. twice a day afterwards. Mercury was prescribed with a view of removing chronic inflammation. There were some other remarkable features in this case. The pulse was generally from 120 to 150. The bowels throughout were disposed to confinement, so that six drachms of magn. sulph. a day, combined with colchicum and antimony, and a calomel and jalap pill every night, hardly ever produced more than one evacuation a day, and sometimes not that. There was such an utter loss of appetite the whole time, that, for the first five weeks, she lived on toast and water and tea, and yet the fever and frequency of pulse continued. For the same period, she had hardly one hour's sleep in the twenty-four, and yet she laid still and was not restless, because the muscles were unequal to action, and compulsive action produced pain, but there did not appear to be any fixed spasmodic contraction of the spinal or other muscles, such as occurs in tetanus. The speedy return of the gonor-

rhœa, with a copious discharge and regular menstruation, did not produce any evident and decided relief. The respiration was not much disordered, but there was frequently pain and a sense of suffocation about the throat, with difficult deglutition, so as to lead to a frequent examination of the fauces to detect disease. A very long observance of the strictest antiphlogistic regimen and extensive depletion did not cure the gonorrhœa, which continued a month after spinal inflammation terminated The patient has since been in the Magdalen Hospital, and has enjoyed good health.*

Surgery.

Case in which, during the Extirpation of a Tumour from the Neck, by M. Dupuytren, Air rushed through one of the divided Veins into the Heart, occasioning instant Death. By M. Sanson.

A young girl, of a good constitution, entered the *Hôtel-Dieu*, on account of a tumour occupying the posterior and lateral part of the neck. From its hardness, resistance, and want of sensibility, M. Dupuytren concluded it to be of a fibrous nature, and decided on its removal, before it should acquire a greater size. The operation was directed with great art and rapidity; the tumour was only attached to the anterior portion of integuments; and the patient, having only lost a very small quantity of blood, bore well, and without much complaint, the pain consequent on the minute dissection which was required, when suddenly a continued hissing noise was heard, analogous to that which is heard on the entrance of air into a recipient in which a vacuum had been formed. The operator was arrested for the moment, and astonished. "If we were not," said he, "so far from the air passages, we should believe that they are opened." Scarcely had M. Dupuytren uttered the expression, and given the last stroke with the scalpel, which separated the tumour, when the patient exclaimed, "I am dead!" She was, at the same time, seized with a general trembling, and fell from the chair in which she was seated during the operation, without movement. It was in vain that every means was resorted to in order to restore animation.

On dissection, the pericardium was healthy: the right auricle of the heart was distended with air, which had given it an elastic tension; and when its parietes were divided, a great portion of this air escaped without any mixture; this cavity contained also a small quantity of fluid blood. Fluid blood was also found in the other cavities of the heart, which was healthy, in the arteries and veins of the body, limbs, and brain. The blood was mixed with so great a quantity of air, that when the vessels were punctured bubbles of air, with blood, escaped from them. The other organs presented nothing particular.

The introduction, therefore, of the air, in so large a quantity, into the heart, was evidently the cause of death. The manner in which this took place may be easily explained: a vein of considerable size, situated at the inferior part of the tumour, and communicating with the jugular, was necessarily divided, and remaining open at the moment when inspiration drew the blood into the chest, the air followed the vacuum which was left in the vein by the flow of blood towards the heart, and soon filled the cavities of the heart itself, and arrested its functions.—*Archives Générales, Juillet* 1824.

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* Extracted from an Essay on Curvatures and Diseases of the Spine, &c., by R. W. Bampfield, Esq., &c.

PART V.

POLITICAL MEDICINE.

EVIDENCE.—CASE OF DONELLAN.

*** In consequence of the receipt of Dr. Male's paper, inserted in our last, with regard to this very important and interesting illustration, not only of professional testimony, but of the application of criminal jurisprudence in this country, aided by the lights of Medical Science, we have requested and obtained from Dr. Gordon Smith, an extract from his work, now passing through the press, relative to the subject of Dr. M.'s communication. We can vouch for the fact, that the article from whence we are permitted to insert the following passages, was written before Dr. M.'s favour reached us, and we are unable to recognise any alteration, as to the matter, since we first saw it in MS.

* * * * * "Donellan was convicted on *Medical testimony*, at least such has been the prevalent opinion; and the testimony itself has been hardly less excepted against than the use that was made of it. 'There is not (I will affirm,) on record, a more melancholy and striking instance of the unhappy effects of popular prejudice, and the fatal consequences of medical ignorance, than the case of Capt. Donellan, who was executed in England about two years ago, for the murder of Sir Theodosius Boughton.' This is an extract from the first attempt to write upon Medical Jurisprudence in our native language;* a passage which, no doubt, contributed to strengthen impressions unfavourable to the doom of the unfortunate prisoner, more particularly in the minds of those who were most concerned in the due apportionment of blame—I mean the members of the medical profession. But the passage is little more than declamation; and if the immediate context be added, brought forward, as it is, to augment the force of the sentiment, we must admit that its very strength is weakness. 'Eight or nine days after Sir T. was buried, a Surgeon had the body raised, although it was in the month of June, and proceeded to the dissection, notwithstanding a physician, and another surgeon present, declared, that from the putrid state of the body, no information could be obtained on which any opinion could be grounded respecting the cause of death, &c.†' Is this an argument upon which to found so grave a charge? Is this to be retained as an argument, even in compliment to the state of knowledge at the time?—when on the trial it was particularly sworn to, and sworn by the physician himself, in answer to cross questions from the prisoner's counsel, that *the body was much fairer than had been expected, and not so putrid.*‡ At all events, as this tract was not published until years after the trial, and of course not until after many opportunities and advantages of acquiring all possible knowledge as to facts, it

* "Remarks on Medical Jurisprudence, by W. Dease, surgeon, Dublin.

† "I must add that the passage contains also this clause:—'The first Surgeon proceeded in the dissection, saying that to him such a subject was rather a *posey*, and decidedly gave his opinion that Sir T. died of poison.' The whole of this sentence is both circumstantially and literally without foundation. No such expression is even alluded to in the report of the trial, in the most distant manner. The person who did open the body never made his appearance, till a day after the Physician and Surgeon alluded to had declined; and, according to the views of the medical jurists of the present day, was the person to be commended. The tenour of the above-named animadversions is to censure him for acting in opposition to the opinion of the others.

‡ "Evidence of Dr. Rattray.

was at least absurd to adduce an advanced stage of putrefaction to contravene inferences, drawn from a dissection performed nevertheless; and in the course of which dissection, no evidence as to obstacles arising from the state of parts could be elicited, by a most pertinent and pertinacious examination, with that explicit view.

"A much later, and otherwise estimable writer in the same department, to whom a longer lapse of time must have afforded greater latitude for deliberation, and to whom also propinquity of residence to the scene of the event *may have* conceded information not generally known, has the following passage. 'In the case of Mr. Donellan, a medical witness swore that Sir T. B. was poisoned by *arsenic;* afterwards that he was destroyed by *laurel-water*, although IT WAS NOT PROVED THAT THE DECEASED WAS POISONED, OR EVEN THAT ANY POISON HAD EXISTED. Mr. Hunter declared that all the symptoms might arise from apoplexy or epilepsy, and that the appearances, on dissection, explained nothing but putrefaction—yet this unfortunate man was executed—.'* I forbear any analysis of this passage—and shall merely take the liberty to suppose that the author must have employed his mind attentively in considering the nature of the PROOF, or the *economy of* EVIDENCE, before he opposed this opinion to the verdict of twelve men—in the ears of whom, when they went out to deliberate, the following words must have been yet ringing :—'You must take all the circumstances of the case together into your consideration, and remember that it is for you to form your opinions, and to decide upon the fate of the prisoner, in the doing of which I am sure you will act according to the best of your judgment and your conscience, to find out the truth of the case—AND AS YOU FIND THAT TRUTH, SO YOU WILL PRONOUNCE YOUR VERDICT.'† Dr. Male has observed, that a medical witness swore Sir T. B. was poisoned by *arsenic*. The witness in question was Dr. Rattray, who, *in his cross-examination*, swore expressly thus : 'At that time (on the coroner's inquest) I did think he died of arsenic; *but I am now clear that* I WAS THEN MISTAKEN!' Again : 'Did you not, after you heard Lady Boughton describe the symptoms, and after you saw the body opened, give it as your opinion that he died of arsenic ? *I have had* such an opinion.' And again, *still on his cross-examination!!* 'You was mistaken at first relative to forming an opinion that the death was occasioned by arsenic ? YES.'‡

"All the medical jurists of this country, and the most distinguished of the United States, have taken pains to record their dissent from the foregoing opinions.‖ I have considered the trial most scrupulously; I have treated it, I may

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* "Elements of Juridical or Forensic Medicine, by G. E. Male, M.D., &c. Birmingham, p. 66, (note.)

† "Trial, &c., taken in Short-hand by Joseph Gurney. Lond. 1781, folio.

‡ "The reader will find these questions in their proper place below, I must here note, that the author of the work in question does not say, that this contradictory evidence took place *on the trial*, but *in the case*—which must refer of course to the coroner's inquest. But the prisoner was not tried by the evidence given before the coroner; and we can look at nothing, in estimating the merits of that evidence upon which he was found guilty, but itself. I deal with the details of *the trial* only.

"Perhaps I may, without impropriety, here introduce the following quotation.

"'If the indictment be for killing with one sort of poison, and the evidence proves the killing with another, such evidence maintains the indictment, because the proof of the instrument wherewith the fact is done, is not absolutely necessary to the proof of the fact itself.'—'The act of administering poison is the same, whether the party gave henbane or arsenic.'—*Law of Evidence.*

‖ "In affixing the necessary references, I find myself at the head of the list; and as far as chronological distinction belongs to me, I have no hesitation in claiming it. Principles of Forensic Medicine, 1st edit. page 171, 2d edit. page 184, and Appendix XXI. Paris and Fonblanque, ii. 401. Beck, Elements of Medical Jurisprudence, ii. 422. As this book is not perhaps accessible, I shall extract that part of the notice more immediately to the present purpose, which he bestows upon the case, in the author's own words.

"'It was and still is a prevailing opinion with many, that Sir T. B. was not poisoned, and that Capt. D. was innocent. Dr. Male notices this case as 'a

say, both analytically and synthetically; and cannot expunge the passage alluded to below.

"I avoid, of course, all attempts to estimate the force of the moral or circumstantial proofs, although I have not failed to scrutinise them as accurately as *a physician* may be able, or at liberty to do; but they fall not within my province, even, perhaps, as aids and supports to that part of the evidence which does belong to the Faculty.

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melancholy and striking instance,' &c.* Mr. Phillips, in his 'Theory of Presumptive Proof,' adduces it as an instance where a man was unwarrantably condemned on *circumstantial evidence*.†

"'I cannot agree with either of these gentlemen, although I will readily allow that too much dependence was placed on the appearances found on dissection. Putrefaction was evidently too far advanced, to render them a certain ground of testimony.

"'As a medical man, it might be inquired of Dr. Male, whether the symptoms preceding this death have not been MOST STRIKINGLY AND ASTONISHINGLY VERIFIED, as *probably* originating from laurel-water, by the subsequent investigations of chemists and physicians? Mr. Hunter, in his testimony, says, that he had never known laurel-water to act so rapidly as the other medical witnesses described. He had injected it into the veins and into the stomach of animals, but *it never produced so quick an effect*. Who, I would ask Dr. M., have subsequent experiments proved to be right on this point, Mr. Hunter, or the other witnesses? Let the facts I have adduced in previous pages, answer this question.

"'Again, Mr. Phillips and others object greatly, that the whole proof as to its being laurel-water, rested upon the comparison of the smell. Now, I conceive this to be a very satisfactory circumstance. The medicine administered by Mr. Powell, did not contain laurel-water—while few, very few indeed, of the fluids in common use, possess a smell at all resembling that of bitter almonds. This property is peculiar—confined to a certain number of vegetable products, several of which, even at that day, were known to be deleterious.

"'Capt. D. had a still in his own room—there were laurels and bays in the garden.‡ This is a sufficient answer to Mr. P.'s question—*where did the prisoner procure it?* Certainly, if there was an intention on the part of Capt. D. to use the laurel-water for the purpose of poisoning, we have shewn *how he could obtain it*.‖

"'I have made these few remarks on this case, not for the purpose of asserting positively that Sir T. B. was poisoned, but to state a few circumstances, which tend to shew that this was not an instance of *judicial murder*, for such, I apprehend, it must be considered by the critics on it.'

"To this I subjoin a passage from a writer, to whom, I must maintain, that every medical jurist is bound to pay attention, although he neither claims notice

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* "Dr. Beck, in attributing these words to Dr. Male, has committed an oversight, for which it is easy to account. Dr. M.'s Epitome was reprinted along with the tract of Mr. Dease and two others, (with notes of a frivolous description,) by Dr. Cooper, of the United States—forming one volume, the paging of which is continued in a single series through the whole four distinct tracts. The passage, as the reader is already aware, belongs to Mr. Dease; and I have not thought it requisite to repeat it at full length, within so short a space.

† "Law of Evidence.

‡ "See the testimony of Amos, the gardener.

‖ "Note by Dr. Beck:—'The fact of Captain Donellan's having a still, is cautiously omitted in Mr. Phillips's statement of the case. Nor is this a solitary instance of omission; and in proof of this, I request any gentleman to compare the abstract I have given, (and which is taken almost verbatim from the trial,) with that presented by Mr. P. His comments on the medical testimony, are evidently founded on imperfect information concerning the subject in dispute.'

" Having, in the Second Part of the Appendix, given very copious extracts from the evidence, together with that of Mr. Hunter at large, I shall spare any allusions at present, beyond such as may be indispensable in an attempt to clear away some of the mist which that illustrious meteor contrived to cast around this particular case.

* * * * * " To what has been quoted from the very judicious animadversions of Dr. Beck, I have very little to add concerning the precise statements of Mr. Hunter, agreeing as I do to the full extent of my cotemporary's views. Still I would take the liberty to draw attention very particularly to a circumstance that has not, as far as I know, been pointed out.

" Mr. Hunter states that he had a copy of the examination, (that taken by the coroner of course, and to which reference enough was made in cross-examining some of the crown witnesses* by the very gentleman who conducted Mr. Hunter's examination in chief,) submitted to him in London : but the counsel for the prisoner immediately waives that matter, and hastens from a part of the affair rather awkward for his case. Whether, according to the law of evidence, or practice of the court, it was irregular to found any cross questions upon the voluntary or inadvertent allusion of a witness, on a point which was not gone into, I cannot say—but Mr. H. let quite enough out to warrant surprise that he did not come down better prepared on the occasion ; unless we are at liberty to refer to a general hint thrown out in the text,† and ask if his conduct may be considered in the light of a particular illustration ? At what time he had this examination submitted to him does not appear ; but the history of the case tells us that the inquest was held on the 12th September and continued till the 14th November : as the trial did not take place till the 30th March in the year following, a period elapsed in which all the experiments that could have been devised in the prisoner's favour might have been made. During more than six months, that the prisoner was in jail under the accusation, we learn from Mr. Hunter himself that nothing of the kind had been done.

" It is impossible to imagine that the parties concerned in a case of such magnitude, and on behalf of a man of such consequence, could have remained either insensible as to what ought to be done, or idle in the accomplishment of it. It is impossible not to surmise that the case was stated to Mr. Hunter at an early period—and stated to him for some specific purpose, consonant with his known talents and pursuits. We are not at liberty, (setting aside the general impropriety of imputation,) for a reason that I shall presently assign, to suppose that Mr. Hunter *did* make experiments with a particular view to this case ; and I am conscious that I place the matter in the light most favourable to his reputation, when I suppose that he went down to Warwick in a state of premeditated ignorance—if ignorance be a word at all allowable in reference to John Hunter. That he had a knowledge of the properties of laurel-water, he states himself. Knowing this, if we knew no more of him, is it possible again to conceive that he could have two opinions concerning the ostensible merits of the case, and was not alive to the risk of going over the ground, (for the sake of the culprit,) that

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as such, nor as a literary character ought so to be considered. In point of date, the remark is entitled to precedence over all those already quoted ; but I have, with natural partiality, attended to our own more formal claims first.

" ' In the case of Donellan, the highest professional men in the kingdom were examined on the analysis of the noxious infusion to which the death of the baronet was ascribed ; and whatever judgment we are at liberty to form as to the merits of that case, and of the justice of the verdict, there can be but one opinion with respect to the *propriety of the proceedings*, which were conducted with the greatest care and caution.'—*Dr. Watkins* on the case of *Fenning*."

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* " The reader can judge of this for himself as to Dr. Rattray's cross-examination, by turning to the case below—Lady Boughton was also taken to task about her examination at the inquest—and both by *Mr. Newnham*, apparently the leading counsel for the prisoner.

† " Suprà, page 132.

had been already, and with such consequences, traversed by the professional agents of public justice? He did the wisest thing he could for the cause in whose aid he was enlisted, provided there was a wish in his breast on behalf of the accused; and we may suppose that to have been the case, without the slightest impeachment of his integrity. There might have been friendship—there might have been a persuasion of Donellan's innocence—men as shrewd have declared this to be their belief.

"I have not yet exhausted my observations on this most important topic; but as what remains is a close commentary on the evidence, as reported to have been given by Mr. Hunter, it will less distract the attention of the reader, if I place it in immediate contact with the questions and answers, as numbered in the subsequent portion of this Appendix.

"There remains, therefore, but little to be added here; though what I have to subjoin is worthy of serious attention.

"Since the event in question, there has been a tradition in the medical circles, that John Hunter afterwards publicly regretted his having gone to give evidence in so unprepared a state, as to the matter of experiments. Later investigations, and the subsequent accumulation of facts relating to this poison, will not permit the supposition, that whatever experiments he might have afterwards made could have favoured the interests of the prisoner. It is therefore impossible to place any regret that the illustrious individual in question could have expressed to any score, but that of his regard for truth, and his own reputation as a philosopher. * * *"

Properties, &c. of the Upas Tieuté.

In the course of a chemical examination of the two poisons called *upas*, by Messrs. Pelletier and Caventou, these gentlemen not only extracted from the *upas tieuté* a considerable quantity of *strychnine*, but were enabled to correct an error into which they had been led with regard to the characteristic of this principle. They found that the property of being reddened by *nitric acid*, did not belong to the *strychnine* itself, but to a yellow substance that accompanies it. This discovery prompted them to inquire whether the reddening property ascribed to *brucine* and *morphine* might not be owing to some analogous cause; but after a considerable number of experiments they were satisfied that it was invested in these principles themselves—however white or however highly purified, they are always reddened by *nitric acid*. In order, however, to distinguish between these cases, the one or the other must be heated till the red colour disappears, and then a sufficiently strong dose of *hydrochlorate of protoxide of tin* is to be added. Immediately the *brucine* puts on a "superb violet colour," while the *morphine* does not change the yellow colour that succeeds the red by the action of heat. With regard to the brown colouring matter of the *upas tieuté*, Messrs. P. and C. consider it identical with that which belongs to several energetic vegetables. It is found on the bark of the false *angustura*, and on that of the *pseudo-kino*, lately analysed by M. Vauquelin, &c. It is characterised by becoming of a fine emerald green colour by the action of *nitric acid*. They have consequently named it *strychochromine. (strychno?)*

They describe the action of this strychnine (of the upas) upon the animal economy as astounding. A quarter of a grain in water being injected into the pleura of a rabbit, in fifteen seconds the animal had one terrible attack of tetanus, in which it died.

MONTHLY MEDICAL BIBLIOGRAPHY.

BRITISH.

The Anatomy of the Brain, for the Use of Students; comprising Directions with regard to the Method to be pursued in its Dissection, conformable to the Mode practised by most Anatomists. 8vo. Pp. 160. London, 1824.

Students will find this an useful manual for the dissecting-room.

FOREIGN.

Dictionnaire de Médecine, par MM. Adelon, Béclard, Biett, Breschet, &c. &c. En 18 tomes. Tome Onzieme. — Héme — Hyst. 8vo. Pp. 552. Paris, 1824.

The more important articles contained in the eleventh number of this Dictionary, which has just now reached us, are — *hydrocephale chronique*, by Breschet; *Hémoptysie*, *Hémorrhagie*, *Hydrophobie*, by Chomel; *Hernie* and *Hydrocèle*, by Murat; *Hectique*, *Humorisme*, by Contauceau; *Hydrométre*, by Desormeaux; *Hépatite*, by Ferrus; *Hypochondrie*, *Hysterie*, by Georget; *Hydrocéphale aiguë*, by Guersent; *Homme*, by Rullier; *Hópital*, by Raige-Delorme; *Hygiène*, by Rostan; *Hydriodique*, *Hydrochlorique*, *Hydrocyanique*, *&c.* by Orfila; *Hydatide*, *Hydarthrose*, *Hypopyon*, *Hydrophalnia*, *&c.* by H. & J. Cloquet; and *Hydropisie*, *Hydropéricarde*, *Hydrothoraæ*, *&c.* by Rayer.—Of all these, the articles by MM. Ferrus and Rayer are the least complete. Dropsy and Hepatitis, are subjects on which we expected to find displayed the results of much experience, and of great reading. We were, however, somewhat disappointed in both these qualifications, and particularly in the former. The volume, upon the whole, is not inferior to those preceding it.

Quarterly Report of Prices of SUBSTANCES *employed in* PHARMACY.

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—— Nitricum		3	6
—— Aceticum Dilut.	cong.	4	6
—— Tartaricum	lb.	7	0
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Alumen		0	6
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—— Subcarbonas		2	0
Amygdalæ dulces		3	6
Ammoniacum (Gutt.)		7	6
—— (Lump.)		4	9
Anthemidis Flores		3	0
Antimonii oxydum		6	0
—— sulphuretum præp.		3	6
—— sulphuretum præp.	unc.	0	6
Antimonium Tartarizatum	unc.	0	6
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Benzoinum elect.		8	6
Bismuthi Subnitras	unc.	1	0
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Calcis Murias	unc.	0	3
—— Muriatis solutio	lb.	1	0
Calumbæ	lb.	10	0
Cambogia		7	6
Camphora		6	6
Canellæ Cortex elect.		3	0
Cantharis	lb.	14	0
Cardamomi Semina	lb.	7	6
Cascarillæ Cortex elect.		2	0
Castoreum	unc.	4	0
Castor Russ	oz.	15	0
Catechu Extractum	lb.	3	6
Cetaceum		3	0
Cera alba		3	8
—— flava		3	3
Cinchonæ cordifoliæ Cortex (yellow)		8	6
—— lancifoliæ Cortex (quilled)		12	0
—— oblongifoliæ Cortex (red)		12	0
Cinnamomi Cortex		14	0
Coccus (Coccinella)	unc.	2	6
Colocynthidis Pulpa Turk.	lb.	8	0
Copaiba		7	0
Colchici Radix (sic.)		4	6
Croci stigmata	unc.	4	0
Cupri sulphas	lb.	1	0
Cuprum ammoniatum		8	0
Cuspariæ Cortex		3	0
Confectio aromatica		7	6
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—— Cassiæ	lb.	6	0
—— Opii		6	0
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—— Rosæ gallicæ		2	0
—— Rutæ	unc.	0	6
—— Scammoniæ	unc.	2	6
—— Sennæ		3	0
Emplastrum Ammon. c. Hydrar.	lb.	6	6
—— Cantharidis		7	6
—— Hydrargyri		3	6
—— Opii		4	6
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—— Saponis		2	0
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—— Cinchonæ resinosum		4	6
—— Colocynthidis		4	6
—— Colocynthidis comp.		2	3
—— Conii		0	6
—— Elaterii		35	0
—— Gentianæ		0	4
—— Glycyrrhizæ	lb.	7	0
—— Hæmatoxyli	unc.	0	5
—— Humuli		1	0
—— Hyoscyami		1	0
—— Jalapæ	1s. 6d. Res.	3	6
—— Lactucæ Sativæ	unc.	1	0
—— —— Virosæ	unc.	1	0
—— Opii		5	0
—— Papaveris		0	9
—— Rhæi		2	0
—— Sarsaparillæ		2	0
—— Stramonii Sem.	unc.	5	0
—— Taraxaci		0	9
Ferri subcarbonas præcip.	lb.	4	0
—— sulphas		1	6
Ferrum ammoniatum		4	6
—— tartarizatum		4	6
Galbani Gummi-resina		14	0
Gentianæ Radix elect.		1	6

	s.	d.
Guaiaci resina	12	0
Hydrargyrum purificatum	5	6
——— præcipitatum album	9	0
——— cum creta	5	0
Hydrargyri Oxymurias ....unc.	0	8
——— Submurias	0	8
——— Nitrico-Oxydum	0	8
——— Oxydum Cinereum	1	6
——— Oxydum rubrum	5	6
——— Sulphuretum nigrum	0	4
——— ——— rubrum	0	6
Hellebori nigri Radix ....lb.	2	6
Ipecacuanhæ Radix	17	0
——— Pulvis	19	0
Jalapæ Radix	6	0
——— Pulvis	7	0
Kino	6	4
Liquor Plumbi subacetatis ....P. lb.	1	2
——— Ammoniæ 2 6	5	3
——— Arsenicalis ....lb.	3	0
——— Potassæ	1	4
Linimentum Æruginis ....lb.	3	6
——— Camphoræ comp.	6	0
——— Saponis comp.	5	0
Lichen	2	0
Magnesia	7	0
Magnesiæ Subcarbonas	4	0
——— Sulphas	0	6
Manna	6	0
——— communis	3	0
Moschus pod, (32s.) ....in gr. unc.	46	0
Mastiche ....lb.	8	6
Myristicæ Nuclei	10	4
Myrrha	8	6
Olibanum	3	0
Opopanacis gummi resina	20	0
Opium (Turkey)	46	0
Oleum Æthereum ....oz.	2	6
——— Amygdalarum ....lb.	3	6
——— Anisi ....unc.	1	8
——— Anthemidis	6	0
——— Cassiæ	6	0
——— Caryophilli	4	6
——— Cajuputi	4	0
——— Carui	1	6
——— Juniperi Ang.	6	0
——— Lavandulæ	2	6
——— Lini ....cong.	5	0
——— Menthæ piperitæ ....ung.	3	10
——— Menthæ viridis Ang.	4	6
——— Origani ....unc.	1	0
——— Pimentæ ....unc.	5	6
——— Puiegii ....unc.	4	6
——— Ricini optim. ....lb.	6	0
——— Rosmarini ....unc.	0	9
——— Succini	0	6
——— Sulphuratum ....P. lb.	1	2
——— Terebinthinæ	1	4
——— ——— rectificatum	2	0
Olivæ Oleum ....cong.	14	0
——— ——— secundum	9	0
Papaveris Capsulæ ....(per 100)	3	8
Pix Abietina ....lb.	1	0
Plumbi Acetas	2	0
——— Subcarbonas ....lb.	0	8
——— Oxydum semi-vitreum	0	8
Potassa Fusa ....unc.	0	6
——— cum Calce	0	2
Potassæ Nitras ....lb.	1	0
——— Acetas	8	6
——— Carbonas	3	0

	s.	d.
Potassæ Subcarbonas	1	2
——— Sulphas	1	0
——— Sulphuretum	4	2
——— Supersulphas	1	6
——— Tartras	3	6
——— Supertartras	1	6
Pilulæ Hydrargyri ....unc.	0	6
Pulvis Antimonialis	0	4
——— Cinnamomi compos. ....unc.	1	0
——— Contrayervæ comp.	0	3
——— Ipecacuanhæ compos. ....unc.	0	8
——— Scammoniæ compos. ....unc.	3	6
——— Tragacanthæ comp.	0	4
Resina Flava ....lb.	0	4
Rhæi Radix (Russia)	28	6
——— (East India) opt.	10	0
Rosæ petala	9	6
Sapo (Spanish)	2	8
Sarsaparillæ Radix (Jam.)	5	6
Scammoniæ Gummi-Resina ....unc.	6	0
Scillæ Radix siccat. ....lb.	2	6
Senegæ Radix	3	6
Sennæ Folia	6	6
Serpentariæ Radix	6	0
Simaroubæ Cortex	4	0
Sodæ subboras	2	9
——— Sulphas	0	6
——— Carbonas	5	6
——— Subcarbonas	1	10
——— ——— exsiccata	5	0
Soda tartarizata	2	6
Spongia usta ....unc.	1	6
Spiritus Ammoniæ ....M. lb.	4	6
——— ——— aromaticus	4	6
——— ——— fœtidus	5	0
——— ——— succinatus	5	6
——— Cinnamomi	3	6
——— Colchici Ammon. ....unc.	0	5
——— Lavandulæ ....lb.	5	0
——— Myristicæ	3	6
——— Pimentæ	3	0
——— Rosmarini	4	0
——— Ætheris Aromaticus	9	0
——— ——— Nitrici	5	6
——— ——— Sulphurici	6	0
——— ——— Compositus	6	6
——— Vini rectificatus ....cong.	32	0
Syrupus Papaveris ....lb.	2	0
——— Sarsaparillæ ....lb.	9	0
——— Tolutanus ....lb.	3	4
Sulphur Sublimatum	0	9
——— Lotum	1	6
——— Præcipitatum	2	6
Tamarindi Pulpa opt.	3	6
Terebinthina Vulgaris	0	10
——— Canadensis	6	0
——— Chia	10	6
Tinct. Ferri muriatis	5	0
Tragacantha Gummi	8	0
Valerianæ Radix	2	0
Veratri Radix	2	6
Vinum Colchici	4	0
——— Ipecacuanhæ	5	6
——— Opii	8	0
Unguentum Hydrargyri fortius	5	0
——— ——— Nitratis	4	0
——— ——— Nitrico-oxydi	4	0
Uvæ Ursi Folia	3	6
Zinci Oxydum	7	0
——— Sulphas purif.	2	0
Zingiberis Radix opt.	4	0

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Veratrine ....dr.	30	0

*** *Furnished by Messrs.* J. *and* G. WAUGH, *Chemists and Druggists,* 177, *Regent Street.*

THE METEOROLOGICAL JOURNAL,

From the 19th of OCTOBER, to the 20th of NOVEMBER, 1824.

By Messrs. HARRIS and Co.

Mathematical Instrument Makers, 50, High Holborn.

October.	Moon.	Rain Gauge.	Therm. 9 A.M.	Therm. Max.	Therm. Min.	Barom. 9 A.M.	Barom. 10 P.M.	De Luc's Hygrom. 9 A.M.	De Luc's Hygrom. 10 P.M.	Winds. 9 A.M.	Winds. 10 P.M.	Atmo. Variation. 9 A.M.	Atmo. Variation. 2 P.M.	Atmo. Variation. 10 P.M.
20			54	56	47	29 94	29 98	72	70	WSW	SW	Fine	Fine	Clo.
21			49	57	49	29 96	29 88	77	76	SW	SSW	Fog.	——	——
22	☁		50	53	54	29 85	29 78	79	79	SSE	S	Fog.	——	Fine
23			56	61	52	29 80	29 89	94	79	S	WSW	Fine	——	——
24			56	63	52	29 76	29 58	80	78	SE	ESE	——	——	Clo.
25		,03	59	64	53	29 50	29 50	78	85	SW	SW	Clo.	——	Fine
26			56	58	49	29 19	29 27	80	74	S	SW	Rain	——	Clo.
27		,06	51	56	49	29 43	29 53	74	72	WSW	W	Fine	——	——
28			52	55	50	29 57	29 57	85	85	WSW	WSW	——	——	——
29	☽		51	54	41	29 57	29 45	90	80	SW va.	WNW	Rain	Rain	——
30		,19	54	57	40	29 76	30 05	60	70	WNW	WNW	Clo.	Fine	Fine
31			45	49	45	29 90	29 68	80	87	WSW	W	Rain	Rain	Rain
1			50	55	54	29 55	29 52	82	89	W	W va.	Fine	Clo.	Clo.
2			56	58	49	29 63	29 44	89	79	WSW	WS	Sho.	Fine	Fine
3		,34	51	56	42	29 73	29 66	78	77	WSW	W W	Fog.	——	——
4			44	47	40	29 70	29 71	75	70	WNW	WSW	Fine	——	——
5			41	46	34	29 65	29 79	80	70	WNW	WNW	——	——	——
6	⊙		36	45	45	29 96	29 97	79	72	WNW	S	Fog.	——	——
7			54	57	54	29 85	29 60	92	88	WSW	S	Rain	Clc.	——
8		,22	56	57	43	29 58	29 53	91	89	SW	W	Mis.	——	Clo.
9			44	47	46	29 85	29 87	83	75	WNW	SW	Fine	Fine	Sho.
10			52	56	51	29 76	29 67	78	80	W	SW va.	Fog.	——	Clo.
11			52	56	44	29 73	29 66	94	94	WNW	WSW	Rain	Rain	Rain
12		,30	48	55	53	29 84	30 04	82	74	WNW	WSW	Fine	Fine	Fine
13			54	55	55	29 72	29 63	80	86	WSW	WSW	——	Clo.	Clo.
14	☾		56	58	40	29 47	29 60	88	80	W va.	W	Rain	——	——
15			42	46	37	29 83	30 04	79	74	W	NW	Fog.	Sho.	Fine
16		,26	41	50	45	30 14	29 93	75	80	SSW	SW	——	Fine	——
17			50	54	55	29 67	29 50	82	87	SW	WSW	——	Clo.	Clo.
18			59	58	46	29 31	29 60	88	84	SW	SW	Rain	Rain	——
19		,54	48	50	48	29 70	29 61	88	95	SW	NE	Fine	——	Rain

The quantity of rain fallen in October was 2 inches and 16-100ths.

ANSWERS TO CORRESPONDENTS.

Communications have been received from Dr. Roberts, Mr. Davies, and Mr. Litchfield.

†‡† Communications, and Works for Review, are requested to be addressed (post-paid) to the EDITORS, to the care of Messrs. T. and G. UNDERWOOD, 32, Fleet Street.

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TO

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ERRATA.

Page 205, line 25, *for* " pus," *read* " fæces."
— 285, — 31, — " purulent," — " feculent."

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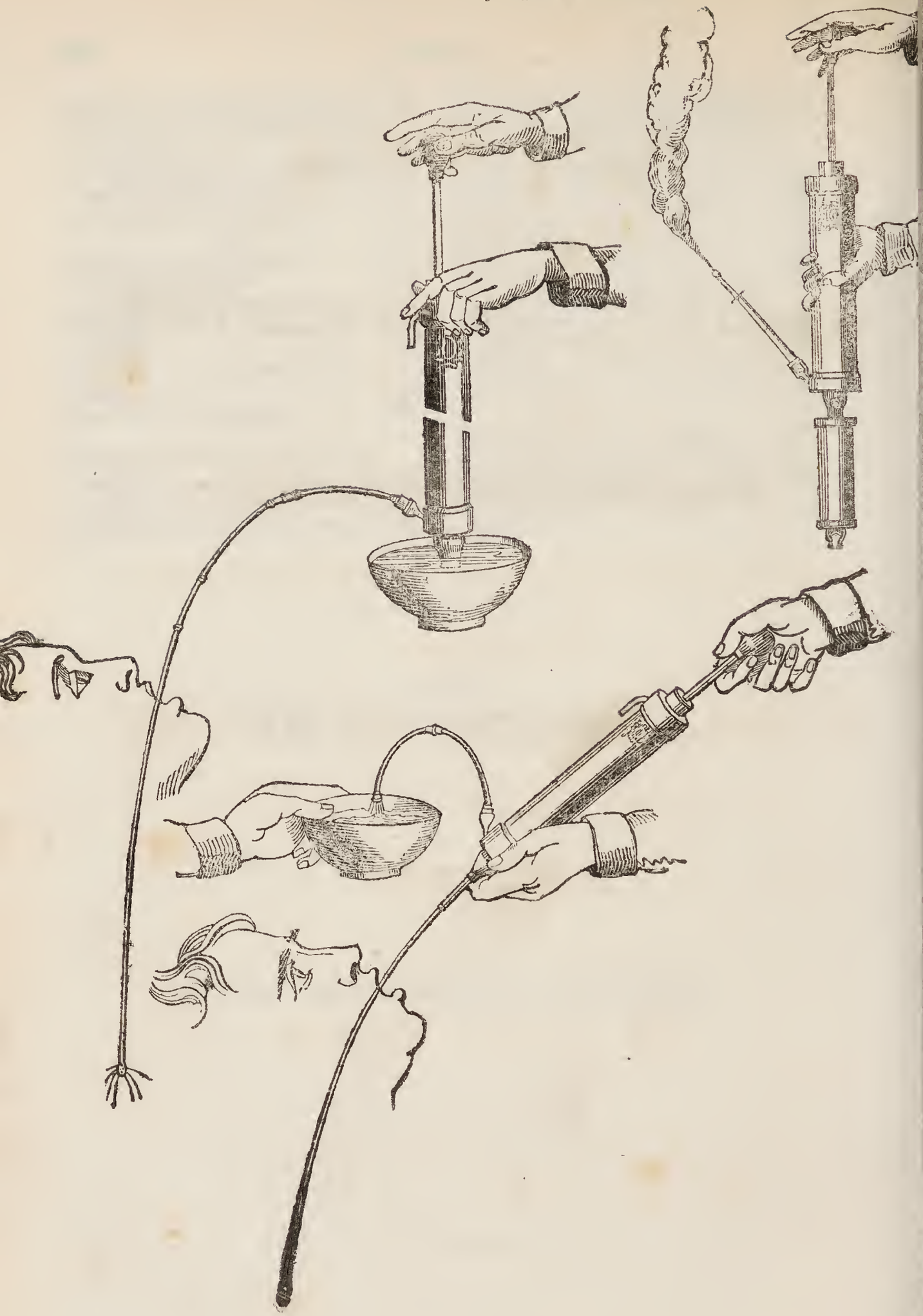

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MEDICAL PROFESSION,

&c. &c.

THERE are, probably, no instances in the progress of the arts connected with Medical Practice, in which so much unjust prejudice has been excited, so much bad faith displayed, so much duplicity resorted to, and so much fraud used, as have been opposed, by interested persons, to the success of an instrument, the use of which being attended with the most important results to suffering humanity, affects, of course, very materially the reputation of Surgery and the character of its professors. In this view alone, I should be perfectly justified in the attempt to remove any ambiguity that might render the value of my Instrument, in the least equivocal; and still more so, when it is seen that efforts are made, not only to deprive me of what little credit the merit of the improvement may deserve, but to depreciate its utility by invidious comparisons, and to substitute nefariously, *imitative* but *inferior* Instruments, which are foisted upon the Profession *as mine*, much to my prejudice, and greatly to the injury of Medical Practice. With this apology I shall proceed at once to shew, how far

I am worthy the patronage of the Profession, and what are the just claims and merits of the Instrument, for which I humbly solicit their approbation, leaving them to decide whether the opposition I experience is grounded on public interest or *private emolument*.

My avocations in life have led me through all classes of society, and amidst the variety of my duties, I have been honoured most particularly with the patronage (and I trust it will not be deemed presuming, if, in the gratitude and warmth of my feelings, I add, the *friendship* also) of the Medical Gentlemen of my district, in the counties of Kent and Sussex. During one of my occupations of this nature, with that respectable and amiable man, Mr. Newington, Surgeon, of Goudhurst, in the year 1819, I learned that himself, and Dr. Willmott, of Hastings, had recently lost a patient (whom they had been conjointly attending) from obstruction of the bowels. I ventured to enquire of these gentlemen, if there was no apparatus by which mechanical distension might be effected in these cases; they replied, that surgeons possessed no instrument by which a sufficient accumulation of fluid with an efficient power, could be properly directed. Convinced as I was from hydraulic principles, that both these objects could be easily effected, I instantly turned my attention to the subject, and in the course of the following year, I perfected my Injecting Syringe, for which I obtained a Patent in the month of August, 1820. By order of Sir William Blizzard, I submitted the Instrument to the inspection of the Court of Examiners, at the Royal College of Surgeons, who highly approved of it. Mr. Abernethy, in particular, was pleased to express his approbation of the principle upon which it was constructed. During the year 1821, most of the surgeons of this part of the country had possessed themselves of the Instrument, which having given them, in their practice, the most satis-

factory results, they very liberally and *unsolicited*, gave the following testimony of its utility:

(COPY.)

"We, the undersigned Professional Men, strongly recommend the use of the PATENT INJECTING MACHINE, *Invented by* MR. JOHN READ, *as being the most efficient Instrument for the purpose of removing Obstructions in the Bowels; and declare that we have had, by experience, proofs of the most decided advantage it has over every other Instrument within our knowledge, invented for the same purpose."*

" Robert Montague Willmott,	M. D.	Hastings.
William Duke.	Surgeon,	Do.
Thomas B. Satterley,	Do.	Do.
George Taylor,	Do.	Do.
James Duttan,	Do.	Do.
Robert Ranking,	Do.	Do.
Charles Stephen Crouch,	Do.	Do.
Robert Watts,	Do.	Battle.
James Watts,	Do.	Do.
Stephen Monkton,	Do.	Brenchley.
Jonathan Monkton,	Do.	Do.
Robert Watts,	M. D.	Cranbrook.
Samuel Newington,	Surgeon,	Goudhurst.
Charles Newington,	Do.	Ticehurst.
Edward Morris,	Do.	Tunbridge.
Richard Thompson,	Do.	Rochester.
Avery Roberts,	Do.	Lewes.
Henry Verral,	Do.	Do.
John Vine,	Do.	East Peckham."

In the *following* year, (1822) Mr. Jukes and Mr. Scott, two Surgeons of London, instituted their experiments for emptying the stomach in cases of poisoning, with an apparatus which they suggested, consisting of a flexible tube and elastic bottle, furnished by Mr. Gill, a Surgical Instrument

Maker of Warwick-place, which, though it succeeded most satisfactorily, and practically demonstrated the success of the operation, did not completely fulfil these gentlemen's wishes. They therefore applied to Mr. Gill for a Syringe, in lieu of the bottle, and he shortly afterwards supplied them with one, similar to mine, except that it had stop-cocks instead of valves. That Mr. Gill modelled this Instrument from my invention, is evident to every one who compares the two, and his piracy admits of no doubt when it is known that he was in close connexion with a certain firm in Salisbury-square, that I had, unfortunately, appointed my agents, but whom I subsequently found were warmly engaged in Mr. Gill's interest, to the injury of mine. Notwithstanding my Instrument had been made, sold, and the Patent obtained, *two* years before Mr. Gill manufactured the Syringe which he circulated under the name of "Jukes' Syringe." he (Gill) has the effrontery to assert the priority of his *imitation*, a claim that he could only make by his ignorance of the date of my Patent! If he had had the prudence to look for this date at the Patent Office, he would have found it was necessary to carry his *invention* back *three* years farther than he has now done; in this case, a blustering assertion might have given some colour to the fraud, but the hint now comes too late, and will not avail him.

Sir Astley Cooper having seen my Instrument, and being desirous of trying the experiment of removing the contents of the stomach, directed me to attend with it at Guy's Hospital, for that purpose. I accordingly waited on him at that place on Friday, Nov. 21, 1823, and the following report from the Lancet, (Vol. I. No. 8.) describes the result of that attendance.

"At half-past one o'clock the operating theatre was

crowded to excess, in consequence of its having been stated on the preceding Tuesday that some experiments were to be tried on a dog this day, for the purpose of ascertaining whether liquids could be put into the stomach, and removed from it by means of an instrument, which had been lately invented by Mr. Read, of Horsmonden, Kent.

Prior, however, to the making of the experiment, a middle-sized steatomatous tumour was removed from a female, just below the inferior angle of the left scapula.

At two o'clock precisely, a dog was placed on the table. Its legs and body being secured by two or three of the pupils, an iron pestle was put into its mouth, to keep the jaws separated; and then a dram of opium, dissolved in four ounces of water, was poured into the stomach. After this, the pestle was removed, and the dog left free on the table.

In the space of twenty minutes the dog manifested a disposition to vomit, which was immediately checked by pressing the finger against the œsophagus. The opium, however, had no very sensible effect on the dog till the expiration of thirty minutes, when the dog was unable to stand upright.

When the opium was administered, the dog's pulse was 120. In seven minutes after, it became 110, and gradually sunk to 90, which was the lowest point.

At the expiration of *thirty-three minutes* from the time the opium was given, the stomach was evacuated of its contents, and washed by means of the instrument.

The instrument succeeded very well in the dog, which

appeared to be little worse for the experiment. Mr. Read was in the theatre during the whole of the time, and superintended the use of the instrument; on quitting, he received the unanimous applause of those present.

Sir Astley Cooper, just after the experiment had been tried, looking at what had been removed from the stomach, smiled, and said that the instrument would do well for an alderman after a city feast.—*(A laugh.)*"

"Sir Astley shook hands with Mr. Read, and complimented him on his ingenuity; observing, that had he lived in Greece, during the time of its splendour, instead of in England, he would undoubtedly have been crowned with laurels. It might be made applicable, (observed Sir Astley) to more purposes than one. It might be appended to the catheter, it might be used in the rectum. Addressing himself to the students, Sir Astley alluded to the success of the machine, by observing, that there was evidently to be found in the use of it a plausible and a very practicable method of dislodging the contents of the stomach; which, he conceived, it would be advisable to do by this means, where poison had been swallowed, previous to giving any medicine as an antidote. Thus far, alone, it was of most valuable importance to the profession, as well as to humanity at large."—LANCET, Vol. I. No. 11.

After the successful experiment of emptying the stomach performed by Mr. Scott upon Mr. Jukes, before Sir Astley Cooper and his class at the Theatre of St. Thomas's Hospital in December last, no doubt can be entertained of the importance of this operation in cases of poisoning; Sir Astley Cooper, in his Lecture on this subject, after advising the use of emetics in cases of poisoning by laudanum, remarks as follows:

"I certainly think, however, after the experiment which you had an opportunity of witnessing in this theatre, and that of the dog in the other hospital, that the instrument for evacuating the stomach affords the best means of saving persons, who would otherwise perish under the influence of opium. I mentioned to you on a former occasion the case of the young lady who had taken opium, in which every means which I could employ for the purpose of producing vomiting proved completely unavailing. When the œsophagus has lost its functions, which it soon does from the influence of opium, no stimulating substances will produce the least effect upon it. I sat hour after hour, by the side of this young lady, watching her progress to dissolution, without being in the least able to prevent it. If, however, I had been acquainted with the instrument which has been since invented, I should have used it with the probability of success. This instrument enables us not merely to remove the poison from the stomach, but to throw in water in considerable quantities, and to introduce stimulating remedies after the opium is removed, for the purpose of restoring the functions of the Nervous system; and this in cases where emetics cannot be even swallowed. I certainly do expect the happiest results in such cases from the invention of this instrument. The man who first suggested such an idea deserves well of his country, and they who oppose it until the instrument has been fairly tried and found useless, must be destitute of understanding. Persons who object to a proposition merely because it is new, or who endeavour to detract from the merit of the man who first gives efficacy to a new idea by demonstrating its usefulness and applicability, are foolish, unmanly, envious, and illiberal objectors; they are unworthy of the designation either of professional men, or of gentlemen."—LANCET, Vol. III. No. 6, page 174.

In speaking of the treatment of poisoning by the oxymuriate of quicksilver, Sir Astley remarks.

"It may appear that I am disposed to think too well of the instrument to which I before adverted, when I state that I believe the Syringe may also be successfully employed for the purpose of removing the oxymuriate of mercury from the stomach. I should certainly prefer it to any other means; but instead of using simple water, I should throw in a quantity of soap and water, then withdraw it; I should repeat this operation until the stomach was entirely cleansed. It has been suggested that although this instrument may be used with success for the purpose of removing the vegetable poisons from the stomach, yet it would not succeed in cases of poison by arsenic or corrosive sublimate. *This I do not believe.** With respect to arsenic, I am aware that if it were taken in a solid form, and a considerable portion had fallen on the stomach it would be impossible to remove it; but as it is usually taken, in powder, I think the instrument is very capable of removing it, because it will be for a considerable time at least kept in solution by the mucus which is thrown from the surface of the stomach, and in this state it may be removed. At all events this deserves a trial."—LANCET, Vol. III. No. 6, page 177.

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* This opinion has been confirmed by a case which, no longer ago than yesterday, fell under the care of Mr. Jukes. A female, swallowed, by mistake, a quantity of corrosive sublimate, but instantly discovering the error, sent for Mr. J. who, having first administered a quantity of the white of egg to decompose the oxymuriate, passed the tube into the stomach, and, by means of the Patent Syringe, extracted its contents, and saved the patient from the severe and destructive effects of the poison. The quantity of the oxymuriate taken was twenty grains. A report of the case, by Mr. Campbell, a Surgeon, who assisted at the operation, may be seen in the Morning Chronicle Newspaper, of Friday, September 17, 1824.

To put the utility of this instrument still further to the test of Professional opinion, Mr. Scott and Mr. Jukes in the month of February last, made a visit to the metropolis of France, and being furnished with letters from Sir Astley Cooper to the Physicians and Surgeons of the greatest rank and eminence in Paris they had an opportunity of ascertaining the sentiments of the first professional characters in that city upon this subject. The operation was performed in the house of Dr. Regnault, Physician to the King, and met with the perfect approbation of all present.

Notwithstanding the successful application of the instrument had been fully demonstrated by reiterated experiments, and its practical utility attested by the highest medical authorities in Europe, efforts were made to disparage its character by setting up, as its opponent, the Syringe which had been first used by Mr. Scott and Mr. Jukes, but which they had *themselves abandoned!* The motive for this was, that the manufacture and sale of my instrument being protected by a patent, no other person could make, or vend it contrary to my permission, without incurring the just penalties which the law inflicts upon infringements of Patent rights, and a substitute therefore, which might be made and sold generally without risque,* was set up, to preclude as far as possible, the circulation of an instrument not in the hands of the trade, although I had from the first outset, allowed to Surgical instrument makers, a commission so liberal as to leave myself but a scanty remuneration for the great expences I had incurred. This *spurious* instrument (which in some instances has been palmed upon the profession as *mine*), is no other than the Syringe first manu-

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* I shall shortly try in a British Court of Justice, whether the instrument in question is of this kind or not.

factured by Mr. Gill. It resembles mine with the exception of being furnished with stop cocks instead of valves; this alteration it was considered, would evade the violation of my patent; this is yet to be proved! As it would appear to be a prejudiced opinion if I were to give my own judgment upon this Syringe, I requested Mr. Scott, who has operated repeatedly with both instruments, to favor me with his opinion of its merits, and the following is an extract from his reply.

"In using this Syringe, it is necessary that the Surgeon should have rendered himself well acquainted with the peculiarities of each stop-cock, to prevent an embarrassment in the operation, which happens upon the slightest inadvertence in managing them. The awkward trouble of repeatedly turning these stop-cocks during the different steps of this operation, is in itself a sufficient objection to the instrument, to say nothing of the confusion occasioned by mistaking the one for the other, which is extremely likely to happen in the moment of alarm, when even the Surgeon himself, perhaps, is not sufficiently cool and collected."

To enable the professional reader to distinguish my Syringe from any other, and thus to prevent the fraud that has been long practised in substituting imitations, I shall here take leave to give a description of the "Patent Syringe," which is clearly elucidated by the Plate which accompanies the Pamphlet.

The Cylinder of the Pump or Syringe, (made in brass and in Silver,) is about seven inches in length, and one inch in diameter, contracted at its apex into a small opening for receiving the extremity of an elastic tube, which is passed into the stomach. Within this opening is a chamber containing a spherical valve, which, by rising into the upper part of

the chamber, where a vacuum is formed by elevating the piston, admits the atmosphere (or whatever it may be desirable to operate upon) to pass freely into the Syringe, but as soon as the piston is depressed, the contents of the Syringe presses the valve close upon the aperture, and prevents its escape through the opening by which it was received.

To give exit to the contents of the Syringe, a side branch is constructed, furnished with a valved chamber, similar to the one above described, but so placed as to act in direct opposition to it, so that when the Syringe has been filled from the extremity, and pressure is made by depressing the piston, the fluid closes the lower valve, and opens the lateral one, and consequently escapes through the latter aperture. To facilitate the operation of the instrument, a small pipe communicates with the upper extremity of the Syringe, which gives free ingress and egress to the atmosphere during the action of the piston, a circumstance essentially necessary in causing the instrument to work easily and perfectly.*

With this description every one will readily identify the instrument and prevent imposition being practised.

I cannot more clearly represent the motive with which the stop-cock Syringe is opposed to mine, under the name and apparent sanction of Mr. Jukes, than by inserting the following letter from this gentleman; by which I shall at once strip off the cloak that covers these transactions and show them in their true colours.

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* The Royal Arms and the Patentee's name are engraved on the Syringe, without which none are genuine.

SMITHSONIAN INSTITUTION LIBRARIES

(COPY.)

Pimlico, 4th June, 1824.

Sir,

In reply to your letter, I have to inform you, that the report you allude to of my being the manufacturer of a Syringe, for removing poisons from the stomach, *is utterly false.* If any Syringe is sold under *my* name, it is *without my authority.* Being satisfied that the stop-cock Syringe was an ineffective imitation of your Syringe, and an infringement on your patent, I have long withdrawn my sanction to it, and subsequent experience has convinced me of the superiority of your instrument, and I wish it therefore to be clearly understood, that I exclusively adopt your Syringe, and have no hesitation in recommending it to the profession in preference to any other.

I am, Sir,

Your obedient humble servant,

Edward Jukes.

To Mr. John Read.

I must here take the opportunity of returning my sincere thanks to Mr. Jukes for the candid and liberal manner in which he has thus publicly disavowed any part in the hostility manifested against me, while, at the same time, I trust that the statement with which he has been kind enough to favour me, will satisfy the reader that the opposition I have met with, neither originates with him, nor with the profession; mine is not a combat with *science,* but with *trading* interest.

I shall now proceed to describe the action of the Syringe in removing poisons from the stomach.

The Apparatus consists of the pump; œsophagus tube; three leathern tubes; three ivory pipes (these last, with the

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third leathern tube, are used only for Enemas); and a detached brass socket. The upper left hand figure in the plate, represents the operation of injecting fluids into the stomach, to dilute the poison, previous to its extraction; this is effected in the following manner. Screw the two first lengths of the leathern tubing, to the *lateral* branch of the Syringe, and next the detached socket, to the extremity of the former. The œsophagus tube is now to be passed into the stomach, which being done, insert the brass joint at its extremity, into the socket at the end of the leather tubes; the fluid to be injected being put into a basin or other shallow vessel, the end of the Syringe is immersed in it, and the piston being put into action, any quantity may be thrown into the stomach that may be desired.

To evacuate the stomach, separate the œsophagus tube from the socket (leaving the latter attached to the leathern tubes) without withdrawing it from the throat, and insert it into the extremity of the Syringe,; let an assistant now hold a vessel, to the end of the leathern tube, and by working the piston, the contents of the stomach may speedily be pumped into it, as is shewn in the under figure of the drawing. By thus transferring the end of the œsophagus tube from one situation to the other, the two processes of washing and emptying the stomach may be repeated as often as is judged necessary by the operator. Thus it is seen that the Syringe is furnished with two valvular apertures, through *one of which* the contents of the stomach passes into the cylinder, and are then immediately forced through *the other*, into the receiving vessel. This double operation is effected by repeated strokes of the piston, which slides so easily, that an infant may use it. The manner in which the Syringe is held in these two separate operations, is very important. In the first, as is seen in the plate a perpendicular position, is the most eligible; but in the second, the Syringe must be

held in an *inclined* position, at about an angle of 45°, with the lateral tube *upwards*. These positions preserve the valves upon their proper bearings, without which, the instrument cannot act perfectly.

In cases of retention of urine, it frequently happens that in consequence of hæmorrhage and other causes, the catheter becomes so obstructed that the bladder cannot be emptied: It was suggested by Dr. Cloquet, a celebrated Surgeon of Paris, to effect this purpose by fixing a pump to the catheter. The Patent Syringe performs this operation with extreme facility, and has been honoured with the entire approbation of Dr. Cloquet. For injecting the bladder, which is an operation every day becoming more frequent, it is of course equally eligible. For these purposes I have constructed elastic gum catheters to be fixed to the Syringe.

As an Apparatus for conveying nourishment into the stomach of Persons afflicted with Stricture of the Œsophagus, the Patent Syringe is found to possess obvious advantages.

This Pump is also capable of being adjusted to cupping-glasses, by which any degree of exhaustion can be made the operator desires; and in the same manner it may be rendered a very effectual Instrument for drawing breasts of puperal females. I have had glasses made for these uses, which may be obtained with the rest of the Apparatus.

The upper right-hand figure in the plate, represents the Syringe, with a Canister, for the purpose of injecting Tobacco fumes into the intestines. It is used in the following manner. Unscrew the cap of the canister, and take out the perforated plunger; put in the tobacco (half an

ounce or an ounce) and replace the plunger lightly upon it; then put on the cap and screw it to the end of the Syringe; hold a lighted candle close under the bottom of the canister, and a stroke or two of the piston of the Syringe will light the tobacco. The enema tubes being now fixed to the side branch, and the pipe introduced into the rectum, the tobacco smoke is forced into the intestines as long as the Syringe is worked in the usual manner.

I have lastly to speak of my Syringe, as an instrument for administering Enemas, which was the original intention for which it was constructed, and in this point of view, it is of the highest importance.

The objects of administering Enemas, are considered to be of three kinds. 1st. For softening and diluting retained fæces. 2ndly. For stimulating the bowels and thus provoking evacuations; and 3dly. For producing mechanical distension.

It must be obvious to every medical practitioner, how very inadequate the old Apparatus of the pipe and bladder, is, to the completion of these objects, and thence it is, that various instruments have been at different times devised to remedy the deficiency; but ingenuity had been exercised in vain, and the profession were still in need of an instrument to effect these valuable ends, until the "Patent Syringe" supplied the desired object. It had hitherto been the custom of Surgeons, in administering enemas, to throw up, three quarters of a pint or a pint of fluid, and a clyster, even in the severest cases, rarely exceeded the latter quantity. Now, by an attention to the anatomical structure of the lower intestines, it must be apparent, that such a quantity would be incapable of effecting more than a mere solution of the fœculent matter contained in the rectum, and of stimulating this bowel only; for the calibre of the rectum is so great,

that under ordinary circumstances, it can of itself contain a pint of fluid. Most commonly the cause of constipation exists in the colon; how then can the disease be relieved or removed by a clyster that is expended before it reaches the part affected? It will be urged, perhaps, that the superior bowels will be affected sympathetically, when the lower bowel is stimulated; but granting this to be fact, how desirable is it to *ensure* the good effects of an enema by administering a quantity sufficient to reach the offending part of the intestinal canal! But this could not be effected by any of the existing instruments, as not one of them was of a size to contain a sufficient quantity of fluid; and if they had been, it would have required a greater degree of power to force it into the bowels, than could have been conveniently or safely directed. I may perhaps be asked, why a large quantity could not be applied by recharging the instrument, or by discharging other instruments ready filled, and placed at hand for that purpose? I need not point out the fallacy of this argument, to medical men, practically acquainted with the operation; for they are well aware of the difficulties which suspending the operation would present to the introduction of separate portions of fluid, as the *conatus ejiciendi* is, generally, so quickly excited, as to leave but a short interval between the injection and expulsion.* An instrument was therefore wanted, that was capable of throwing up any quantity desired, in one continuous operation, and the Patent Syringe most completely effects this. Again, mechanical distension can only be effected by an instrument affording power with volume; an attention to hydraulic principles shows how both these are yielded by the Syringe I have constructed. The bulk of the fluid contained in the instrument is so small, that the force necessary to propel it,

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* I have been favoured with these Physiological remarks by Mr. Scott, and of which I have gladly availed myself.

scarcely requires the efforts of an infant; but the effects of these efforts, multiplied by repetition, increase to an almost infinite ratio, and at length present an overwhelming force, capable of bearing down all opposition, and overcoming all natural restraints. To try the power of the syringe, I fixed the injecting pipe firmly into the rectum of an Animal that had been recently killed, and proceeded to pump into the bowels a large quantity of water, and I conti nued the operation with the same ease and freedom, until the intestinal canal, stretched beyond its tone, burst with the distending force.

In corroboration of the good effects of this instrument in obstructions of the bowels, I shall take leave to extract the following remarks from one of the most respectable medical publications of the present time.

"Dr. Chisholm has related a case of obstinate constipation of the bowels, relieved by Read's Injecting Machine, after various other means had failed. The obstructions had existed three or four days before Dr. Chisholm saw the patient with Mr. Beet, Surgeon, of Ashford. When seen by Dr. Chisholm, the patient's extremities were cold, and stercoraceous vomiting had come on. A tepid solution of yellow soap was prepared, and more than *a wash hand basin full* was gradually but perseveringly thrown up by means of the instrument above mentioned, and prevented from returning by napkins pressed to the anus. *The patients belly now resembled a drum.* When the injection was allowed to come away, the spectators had the gratification to find it mixed with fœces. Shortly after this, the patient passed flatus and stools, and all the bad symptoms quickly vanished. I have had many other cases" says Dr. Chisholm, "where Read's Machine was of infinite service, and I think every medical practitioner should have one in his possession."—*(Med. Repos. No. 1, New Series, Page 944.)*

The following remarks are to be seen in Vol. 4, No. 15, page 742, of the Medico-Chirurgical Review.

For many months past we have been in the habit of employing Mr. Read's Patent Injecting Apparatus, which is so small as to be carried in the waistcoat pocket, and so powerful as to throw fluids to a great distance. The object of our present notice, however, is to inform our readers that Mr. Read has adapted to the Instrument, a flexible elastic tube, most admirably calculated for throwing fluids into the stomach, and then extracting them, in cases of poisoning. We have attentively examined the instrument, and we know it is approved of by Sir A. Cooper, and some of the first Surgeons of the Metropolis; we think it of so much importance, that we seriously recommend it to every private practitioner."

I cannot pass over the following letter without presenting it to the readers attention, coming as it does from a practitioner respected for his talents and observation.

"MR. READ,

I am desirous of informing you, that I have had frequent opportunities of using your valuable Instrument in cases of violent inflammation and obstruction of the bowels, and it has succeeded beyond all expectation in affording relief to my patients. So fully convinced am I, of the superiority of your Injecting Syringe over any other instrument made for the same purpose, that I have no hesitation in asserting that it is invaluable to medical men, and it is my opinion, that almost every private family should be in possession of it.

"You are at liberty to make what use you please of this Letter.

I am, your's, &c. &c.

Goudhurst, Jan. 20, 1822. SAML. P. NEWINGTON."

I shall close my subject by the following explanation of the manner of using the Enema Apparatus. Fix the leathern tubes to the lateral branch of the Syringe (either two or three, as may be most convenient to the position chosen for the operation), and put the fluid to be injected, into a wash-hand basin or other convenient vessel; the ivory pipe being inserted into the rectum, and the extremity of the Syringe into the fluid, the pump may be worked, either by the patient or some other person; but the facility with which it can be accomplished by the former, renders it truly valuable for domestic use.

READ'S

NEW IMPROVED PATENT SYRINGE,

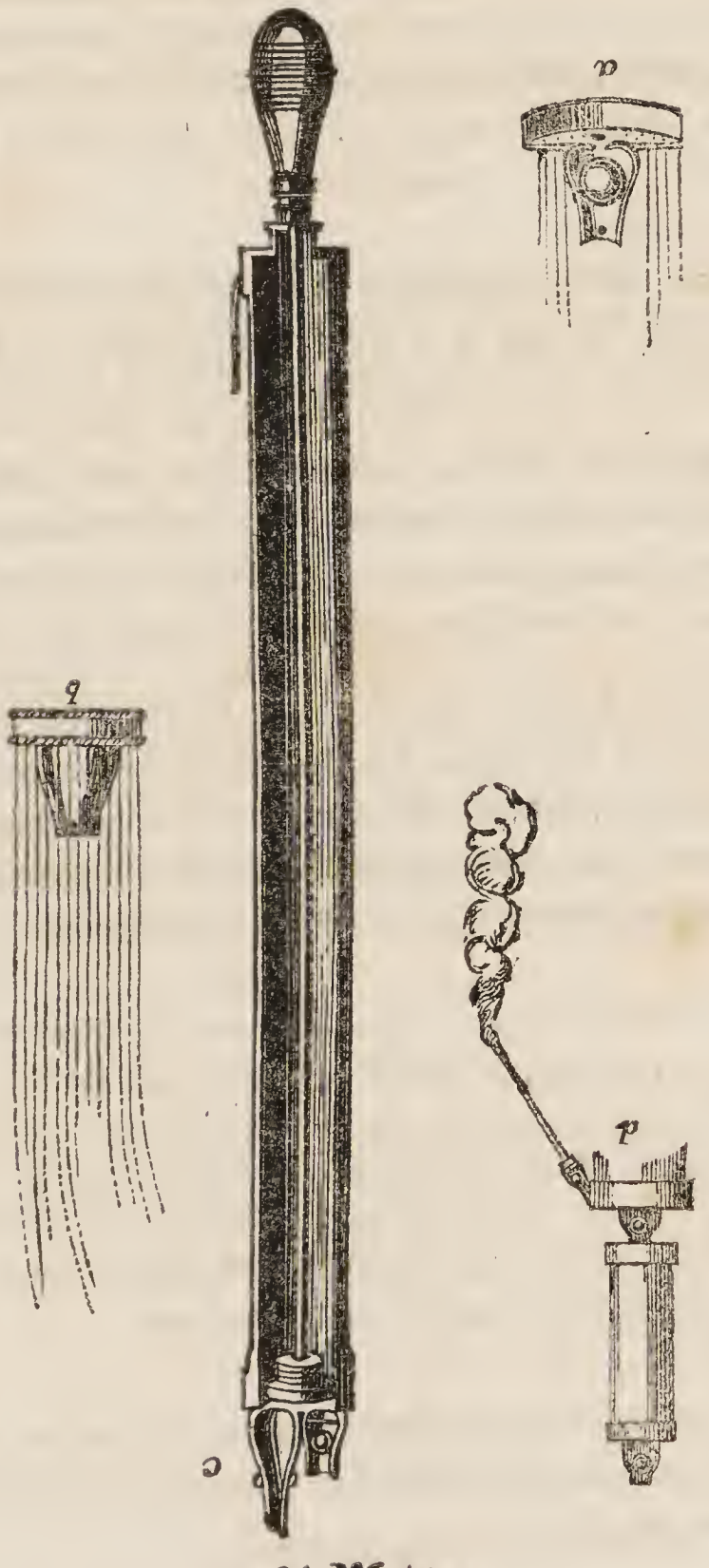
FOR DOMESTIC & HORTICULTURAL PURPOSES.

THE Public are respectfully solicited to the Inspection of this Instrument, which for its convenience and utility in Domestic and Horticultural Purposes, claims universal regard. For watering Pines and all other plants in Conservatories and Hot-houses; and for the destruction of Insects upon trees in Forcing-houses or on Walls, it far exceeds the Barrow-engine in the facility of its application. The Horticultural Society of London, to mark their approbation of it, have been pleased to honour the Patentee by conferring upon him their Silver Medal for the Invention. It has of late been much used for washing the Windows of Houses and Carriages, and is found to be a most effective apparatus for Fumigating Trees and Hot-houses.

This Instrument also, in case of need, is an excellent Fire-engine, as from its portability it can be applied, upon the first breaking out of a Fire, when no sort of assistance could be derived from the Engines of the Insurance Companies, and its utility in this way having been proved by actual experience, most of the Fire Offices have prepared themselves with it, and it is now, very properly finding its way into Private Families, as a safeguard against the destructive and hazardous effects of Fire.

Section of the Horticultural Syringe.

a.—Cap for destroying Insects on Wall-trees and Plants.
b.—Cap for Watering Forcing-houses and trees in Blossom.
c.—Cap for Extinguishing Fires.
d.—Cap for the Tobacco Fumigation.



EXPLANATION OF ITS USE.

The Cap *a* is to be screwed on when the Syringe is used for washing away Insects from Peach, Nectarine, and Apricot Trees. Set a pot

of water near the stem of the tree, and having charged the Syringe, throw the shower between the tree and the wall, directing it against the *back* surface of the leaves, where the insects are placed, by which mode, the fluid effectually and speedily sweeps off both the insects and their eggs and larvæ, and thus prevents a succession of these injurious animalculæ. The Barrow Engine can only be brought to play upon the *front* of fruit trees, and dislodges, therefore, the insects but very imperfectly, without removing, in the least, their eggs, that stick upon the under surface of the leaf. This Cap is also used for watering Pines.

The Cap *b*, has smaller perforations than the above, and as it throws the fluid in a light and gentle moisture, almost like a dew-fall, is particularly eligible for sprinkling Forcing Houses of all descriptions, and Trees in bloom, and not only clears the latter of insects, but deposits the water in such a gentle manner upon the leaves, that, if it be applied at night, preserves the plant moist until the next morning, materially tends to its nourishment and health, and prevents the formation of animalculæ, which breed rapidly in the *dry* but perish by moisture. The Practical Gardener is aware of this, and takes care, during warm weather, to supply his trees with moisture while their buds are forming and before the blossom expands. This Cap is used also for washing the leaves of trees, plants, and vegetables when frost-nipped in the cold nights that often prevail during the spring; it should of course be done before sun-rise.

The Cap *c* is used for extinguishing fire and for washing the coarser sorts of trees, as Pears, Plumbs, Cherries, &c. against walls, and for general watering in lieu of the Barrow Engine, and in this way can be applied more efficaciously than the latter, as it may be brought into immediate contact with the plant, or applied in any direction that may be desirable, which the Barrow Engine cannot, on account of the impracticability of bringing it over the beds.

By the application of the Syringe there is no useless expenditure of water, and it is generally found that two, or at most three charges is sufficient for a large tree.

The Fumigating canister *d*, is used in the following manner. Having fitted the brass tube to the side opening, unscrew the top, take

out the perforated plunger, and put about an ounce (or as much as is desired) of tobacco (or tobacco paper, as it is called) into the canister, replace the plunger and allow it to sink upon the tobacco with its own weight only, and having put on the top, screw it to the Syringe, and next apply a piece of lighted paper to the nozzle of the canister, when one or two strokes of the piston sufficiently lights the tobacco, the fumes of which instantly pass in a copious dense stream from the extremity of the side tube, and may thus be readily conveyed to any plant, or even to any part of a plant. When applied to beds of roses or to plants under walls, the operation is greatly facilitated by throwing a piece of canvas over the bed, or hanging it against the wall so as to cover the trees. The canister is not liable to become choaked as the Fumigating Bellows are, but continues to act freely until the tobacco is entirely consumed.

The Patentee, after an active and extensive experience of Forty Years in Practical Gardening, humbly offers the above explanation of the uses of his Garden Syringe to the attention of young Horticulturists, who may not despise a few simple but useful hints.

The above Instrument, as well as the Surgical Syringe, is sold by PEPYS, Poultry; STODART, Strand; Millikin, Strand; THOMPSON, Great Windmill-street; EVANS, Old Change; Messrs. MANLY and STONE, Paternoster Row; by most Nurserymen and Furnishing Ironmongers, and by J. READ, the Patentee, No. 30, Bridge House-place, Newington Causeway, Southwark.

Neither of the above Instruments are genuine except Stamped with the Royal Arms and Patentee's Name.

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